



**TO BE COMPLETED BY YOUR INSURANCE AGENT**

**Subcontractor Insurance Compliance Statement**

Name of Subcontractor: \_\_\_\_\_

Project Number: \_\_\_\_\_ Project Name: \_\_\_\_\_

***This document supplements the Certificate of Insurance and must be completed and signed by your insurance agent (not an employee) for our mutual benefit. It must be then returned along with your Certificate of Insurance.***

In regard to the above insured's Commercial General Liability and/or Umbrella policies:

- \* Is there a residential, habitational or multi-family exclusion?      Yes \_\_\_\_\_      No \_\_\_\_\_
- \* Is there a subsidence or earth movement exclusion?      Yes \_\_\_\_\_      No \_\_\_\_\_
- \* Is there an exterior insulation and finish system (EIFS) exclusion?      Yes \_\_\_\_\_      No \_\_\_\_\_
- \* Is there a stucco exclusion?      Yes \_\_\_\_\_      No \_\_\_\_\_
- \* Is there a mold or indoor air quality exclusion?      Yes \_\_\_\_\_      No \_\_\_\_\_
- \* Is there a pollution exclusion?      Yes \_\_\_\_\_      No \_\_\_\_\_
- \* Does additional insured status include both ongoing and completed operations exposures?      Yes \_\_\_\_\_      No \_\_\_\_\_
- \* Is there contractual liability coverage to support the subcontract indemnification clause (including the obligations specified in Section 24 of the Subcontract, Part II)      Yes \_\_\_\_\_      No \_\_\_\_\_
- \* Where professional liability insurance is required, what is the amount of the deductible?      \$ \_\_\_\_\_

Insurance Agent's Signature: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_