

ATTACHMENT # 4 – "INSURANCE REQUIREMENTS"
Chancel HRT Projects

ACORD DATE (MM/DD/YY)
CERTIFICATE OF INSURANCE DATE

PRODUCER <p align="center"><i>SAMPLE CERTIFICATE</i></p> Insurance Agency Name & Address	<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p> <p align="center">COMPANIES AFFORDING COVERAGE</p> COMPANY A A Insurance Company COMPANY B B Insurance Company COMPANY C COMPANY D
INSURED <p align="center"><i>SAMPLE CERTIFICATE</i></p> Subcontractor name & complete address	COMPANY B B Insurance Company COMPANY C COMPANY D

COVERAGES
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED TO PAY CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONT PROT <hr/>	XXXX	XX/XX/XX	XX/XX/XX	GENERAL AGGERGATE	\$ 2,000,000
					PRODUCTS-COMP/OP AGG	\$ 2,000,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					EACH OCCURRENCE	\$ 1,000,000
					DAMAGE TO RENTED PREMISES (Each occurrence)	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUOTS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTO <hr/>	XXXX	XX/XX/XX	XX/XX/XX	COMBINED SINGLE LIMIT	\$ 1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
					EACH OCCURRENCE	\$ 1,000,000
					AGGERGATE	
B	WORKMAN'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL IF (YES) DESCRIBE UNDER DESCRIPTION OF OPERATION BELOW	XXXX	XX/XX/XX	XX/XX/XX	STATUTORY LIMITS	\$
					EACH ACCIDENT	\$ 500,000
					DISEASE - POLICY LIMIT	\$ 500,000
					DISEASE - EACH EMPLOYEE	\$ 500,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Certificate Holders is an additional insured for General Liability (CG 2010 or it's equivalent) including ongoing & completed operations (CG 2037 or it's equivalent) and Automobile Liability when required by written contract. The policies shall be primary & Non Contributory as respects to work done on this project. A waiver of Subrogation shall apply in favor of Additional Insured(s) as respect to the General (See attached Descriptions)

CERTIFICATE HOLDER Chancel Construction, Inc. 736 E Hwy 501 Conway, SC 29526 CHRT Initials _____	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS AUTHORIZED REPRESENTATIVE _____
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DESCRIPTIONS (Continued from Page 1)

Liability, Auto Liability and Workers Compensation. Umbrella shall follow form as to General Liability, Auto Liability, and Workers Compensation Coverage. Policy includes contractual Liability coverage. 30 days notice of cancellation applies except for 15 day notice for non- payment of premium. General liability policy does not include a residential / habitational exclusion.