## M. B. Kahn Construction Co., Inc.

## Instructions for Completing the Certificate of Insurance Subcontract – Article VII

- 1 -	The name of the "Insured" must match the name as it appears on the Subcontract Agreement.
- 2 -	Workers Compensation Insurance must provide statutory coverage, and have Employers' Liability limits of not less than \$500,000 / \$500,000 / \$500,000. If any proprietor/partner/executive officer/member is excluded, then their names must be listed on the Certificate. Waiver of Subrogation in favor of M.B. Kahn Construction Co., Inc., Owner and any other party required by written contract is required.
- 3 -	Commercial General Liability must have a Per Project general aggregate of not less than \$2,000,000, with not less than \$1,000,000 per occurrence. The policy must include M. B. Kahn Construction Co., Inc., Owner and any other party required by written contract as additional insureds for ongoing and completed operations on a primary/noncontributory basis. Waiver of Subrogation in favor of M.B. Kahn Construction Co., Inc., Owner and any other party required by written contract is required.
4	Automobile Liability must give reference to "Any Auto" and have limits of liability of not less than \$1,000,000. The policy must include M. B. Kahn Construction Co., Inc., Owner and any other party required by written contract as additional insureds on a primary/noncontributory basis. Waiver of Subrogation in favor of M.B. Kahn Construction Co., Inc., Owner and any other party required by written contract is required.
- 5 -	Excess Liability must have limits of liability of not less than \$1,000,000 and "Follow Form" as respects the Employers Liability, General Liability, and Automobile Liability, including additional insured, primary/noncontributory and waiver of subrogation as applicable. A limit of \$5,000,000 is required if the work involves any of the following: Asbestos/Lead/Mold Abatement, Blasting, Boiler Installation/Repair, Crane Assembly/Rental, Structural Demolition/Restoration, EIFS Installation, Fireproofing, Fire Suppression System Installation, Gas Main Construction/Repair, Structural Iron/Steel Erection, Pile Driving, Roofing, Scaffolding Erection/Installation/Rental, Tank Construction Installation/Removal/Repair - Water/Chemical/Oil/Below Ground, Tower Erection, Exterior Window/Door Installation/Repair.
- 6 -	Cancellation: All insurance policies must be <u>endorsed</u> to provide thirty (30) days prior written notice to the Certificate holder in the event of cancellation or non-renewal.
holder, C CG2010 on the u 2001 04, contract prior write or non-re	Description of Operations/Locations must include wording substantially similar to the following. Please include the applicable ment form numbers where indicated if different from the listed ISO endorsements and provide copies of all endorsements. "Certificate Dwner, and any other party required by contract are included as an additional insured on the general liability policy under endorsements 04/13 (ongoing operations), CG 2037 04/13 (completed operations), the automobile liability policy under endorsement CA 2048 10/13, and mbrella/excess policy (follow form). Additional insured coverage is provided on a primary and non-contributory basis via endorsements CG /13 and CA 2048 10/13. Waivers of subrogation in favor of the additional insureds are provided on GL, AL and WC policies as required by per endorsement CG 2404 05/09, CA 0444 10/13, and WC 000313. All required insurance policies are endorsed to provide thirty (30) days tten notice (10 days prior written notice for cancellation due to non-payment of premium) to the certificate holder in the event of cancellation enewal per endorsements IL 7035 06/08 and WC 990633. The GL General Aggregate applies to any and all projects performed by the Named for the Certificate Holder per endorsement CG 2503 05/09."
- 8 -	Certificate Holder must be completed as follows: M. B. KAHN CONSTRUCTION CO., INC.

All additional insured, waiver of subrogation, primary/non-contributory, per project aggregate, and notice of cancellation endorsements must be attached to the COI. These instructions and sample COI, including endorsements can be found at https://www.mbkahn.com/wp-content/uploads/2017/02/Certificate-of-Insurance-Instructions-and-Sample.pdf. If the AI, WOS, and Per Project Aggregate endorsements are written on a "blanket" basis, then we may be able to only require one COI per policy period instead of for each and every project you perform for

POBOX 1179

COLUMBIA, SC 29202-1179

Client#: 231924 17MBKAH

ACORD...

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 05/17/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

С	ertificate holder in lieu of such endors	seme	nt(s)					3		
PRO	DUCER				CONTACT NAME:					
					PHONE FAX (A/C, No, Ext): (A/C, No):					
Sample Certificate					E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE				NAIC #	
					INSURER A : Insurance Company					
INSU	JRED				INSURER B : Insurance Company					
Subcontractor ABC					INSURER C:					
	PO Box 123				INSURER D:					
City, State, Zip Code					INSURER E :					
					INSURER F:					
СО	VERAGES CER	TIFIC	ATE	NUMBER:	, moonen .		REVISION NUMBER:			
CE	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY FOLICIONS OF SUCH	QUIRE PERTA POL	EMEN IN, ICIES	T, TERM OR CONDITION O THE INSURANCE AFFORDE . LIMITS SHOWN MAY HAV	F ANY CONTRACT O D BY THE POLICIES VE BEEN REDUCED	R OTHER DO DESCRIBED BY PAID CLA	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WHI	CH THIS	
INSF LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		3	
Α	X COMMERCIAL GENERAL LIABILITY	X			MM/DD/YYYY	MM/DD/YYYY	EACH OCCURRENCE	\$1,000	0,000	
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,0	000	
							MED EXP (Any one person)	\$5,000	)	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- POLICY X DECT LOC						PERSONAL & ADV INJURY	\$1,000	0,000	
						GENERAL AGGREGATE	\$2,000,000			
							PRODUCTS - COMP/OP AGG	\$2,000,000		
	OTHER:							\$		
	AUTOMOBILE LIABILITY	X	X	Policy #	MM/DD/YYYY	MM/DD/YYYY	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	,000	
	X ANY AUTO						BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
								\$		
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE	X	XF	Policy #	MM/DD/YYYY	MM/DD/YYYY	EACH OCCURRENCE	\$1,000	,000	
							AGGREGATE	\$1,000	,000*	
_	DED RETENTION \$						*\$5,000,000 required - See #5 in		e #5 instructio	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Х	X	Policy #	MM/DD/YYYY	MM/DD/YYYY	X PER STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$500,0	000	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$500,0	000	
	If yes, describe under DESCRIPTION OF OPERATIONS below	es, describe under					E.L. DISEASE - POLICY LIMIT	\$500,0	000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC									
	Certificate Holder, Owner, and an	-	-							
	the general liability policy under									
	operations), the automobile liabil									
	policy (follow form). Additional in				-					
	endorsement CG 2001 04/13 and	CA 2	2048	10/13. Waiver of Subi	rogation in favor	of the addit	ional insureds are			
	(See Attached Descriptions)									
CE	RTIFICATE HOLDER				CANCELLATION					
1										
	M. B. Kahn Construction Co., Inc						ESCRIBED POLICIES BE CA			
	PO Box 1179	,	_			REOF, NOTICE WILL B	E DELI\	ERED IN		
	Columbia, SC 29202-117	9			ACCOMPANCE W					
	301a11151a, 30 25202-117	•			AUTHORIZED REPRESE	NTATIVE				
									I .	

John Doe Agent/Broker Signature