

INSURANCE REQUIREMENTS-PROJECT SPECIFIC

E Contractors shall determine the appropriate level of risk and assign the insurance requirements based on that risk. All Insurance Documents will be reviewed by Purchasing and Risk.

Coverages Required & Limits (Figures Denote Minimums)

Items marked “✓” are required to be provided if award is made to your firm.

Required	Type of Coverage	Limits
✓	Workers' Compensation (Employers' Liability)	\$1,000,000 per employee per disease \$1,000,000 per employee per accident \$1,000,000 By disease aggregate
✓	Commercial General Liability	Each Occurrence \$1,000,000 Fire Damage \$300,000 Personal & ADV Injury \$1,000,000 General Aggregate \$2,000,000 Products/Comp Op \$2,000,000
✓	Automobile Liability (Owned, Non-Owned, Hired and Injury & Property coverage for all)	Combined Single Limit \$1,000,000
<input type="checkbox"/>	Garage Liability for BI & PD	\$1,000,000 each accident for Auto \$1,000,000 each accident Non-Auto \$2,000,000 General Aggregate
<input type="checkbox"/>	Garage Keepers Coverage(for Auto Body & Repair Shops)	\$500,000 any one unit/any loss and \$200,000 for contents
✓	Umbrella each-occurrence with respect to primary Commercial General Liability, Automobile Liability, and Employers	Liability policies at minimum limits as follows: Contract value <\$1,000,000: not required Contract Value \$1,000,000 - \$5,000,000: \$4,000,000 Contract Value \$5,000,000 - \$10,000,000: \$9,000,000 Contract Value >\$10 Million: \$15,000,000
<input type="checkbox"/>	Professional Liability, including, but not limited to services for Appraiser, Architecture, Consultant, Engineering, Medical, Surveying, construction/ renovation contacts for Engineers, architects, construction managers, including design/build Contactors.	Minimum limits of \$1,000,000 per claim/aggregate This coverage must be maintained for at least two (2) years after the project is completed.
<input type="checkbox"/>	Pollution Liability for property damage, bodily injury and clean up (if project entails possible contamination of air, soil or ground or as determined by E Contractors USA LLC)	
<input type="checkbox"/>	Other insurance required:	

NOTE: the nature/size of a contract/agreement may necessitate higher limits than shown above. These requirements are only meant as a guide, but in any event, should cover most situations. Check with Katherine Jenkins at 713-493-2500 if you need assistance or need additional information.



REQUIREMENTS FOR ALL INSURANCE DOCUMENTS

All Sub-Contractors shall provide and maintain the insurance coverage set forth below during the term of their agreement with E Contractors USA LLC as required by the scope of work outlined by the client. It is the responsibility of the Sub-Contractor to assure compliance with this provision. E Contractors USA LLC accepts no responsibility arising from the conduct, or lack of conduct, of the Subcontractor.

INSTRUCTIONS FOR COMPLETION OF THE INSURANCE DOCUMENT

With reference to the foregoing insurance requirements, Contractor shall specifically endorse applicable insurance policies as follows:

1. The certificate holder shall read:

E Contractors USA, LLC.
5177 Richmond Ave, Suite 130
Houston, Texas 77056

2. E Contractors USA, LLC. its Employees, Directors, Officers, Affiliates, and/or Direct and Indirect Owners shall be named as an additional insured with respect to General Liability and Automobile Liability.
3. A waiver of subrogation in favor of E Contractors USA, LLC. its Employees, Directors, Officers, Affiliates, and/or Direct and Indirect Owners” shall be contained in the Workers Compensation and all liability policies.
4. All insurance policies shall be endorsed to the effect that the certificate holder will receive at least thirty (30) days’ written notice prior to cancellation or non-renewal of the insurance.
5. **Each project will require a separate certificate of insurance. To avoid this and to provide one certificate per year, Subcontractor may choose to add E Contractors as a Named Additional Insured and provide E Contractors with the Named Additional Insured Endorsement as well as the Endorsement showing 30 day’s notice prior to cancelation.**
6. Whenever indicated, all insurance policies, which name E Contractors USA LLC as an additional insured, must be endorsed to read as primary and non-contributory coverage regardless of the application of other insurance.
7. **Chapter 1811 of the Texas Insurance Code, Senate Bill 425 82 (R) of 2011, states that the endorsement mentioned in number “5” above cannot be typed on the certificate of insurance. Copies of each policy endorsement must be provided with the certificate.**
8. All insurance policies shall be endorsed to require the insurer to immediately notify E Contractors USA LLC of any material change in the insurance coverage.
9. All liability policies shall contain no cross liability exclusions or insured versus insured restrictions.
10. Required limits may be satisfied by any combination of primary and umbrella liability insurance.
11. Contractor may maintain reasonable and customary deductibles but not to exceed \$5,000.00.
12. Insurance must be purchased from insurers having a minimum **AmBest rating of A.**



13. All insurance must be written on forms filed with and approved by the Texas Department of Insurance. (ACORD 25 2016/03) Coverage must be written on an occurrence form.
14. Contractual Liability must be maintained covering the Contractors obligations contained in the contract. Certificates of Insurance shall be prepared and executed by the insurance company or its authorized agent and shall contain provisions representing and warranting all endorsements and insurance coverages according to requirements and instructions contained herein.
15. Upon request, Contactor shall furnish E Contractors USA LLC with certified copies of all insurance policies.
16. Within ten (10) business days after the contract award or two (2) days prior to starting any work, the successful sub-contactor's insurance agent of record or insurance company shall send a valid certificate of Insurance verifying each of the coverages required above (including all required endorsements identified in Sections A, B, C, and D) to:

E Contractors USA LLC
5177 Richmond Ave.
Suite 130
Houston, TX 77056

Emailed to: compliance@econtractorsusa.com
Faxed to: 713-493-2501

For any further inquiries please contact Katherine Jenkins @ 713-493-2500.



(Instructions for completing and submitting a certificate to E Contractors)

Complete the certificate of insurance with the information listed below:

- A) Certificate of Insurance Date
- B) Producer (Insurance Agency) Information –complete name, address, telephone information, & Email address.
- C) Insured's (Insurance Policy Holder) information –complete name & address information
- D) Insurer (name/names of insurance company) **(Remember E Contractors USA LLC requires all insurance companies to be Authorized to do business in the State of Texas and be rated by A.M. Best with a rating of A (or better) class VI (or higher) or otherwise be acceptable to E Contractors USA LLC if not rated by A.M. Best)
- E) NAIC # (National Association of Insurance Commissioners, a # that is assigned by the State to all insurance companies)
- F) Insurer letter represents which insurance company provides which type of coverage from D
- G) General Liability Insurance Policy – must have an (X) in box. Also, "Occurrence" type policy –must have an (X) in the box (occurrence policy preferred but claims made policy can be accepted with special approval)
- H) This section shall be filled in with "Y" for yes under Additional Insured for all coverages except for Professional Liability and Workers' Compensation. There shall also be a "Y" for yes under all coverages for subrogation waived.
- I) Automobile Liability Insurance – must be check for All Owned, Hired and Non Owned Autos.
- J) Umbrella Coverage – must be checked in this section and by occurrence whenever it is required by written contract and in accordance with the contract value.
- K) Workers' Compensation and Employers Liability Insurance – Information must be completed in this section of the certificate of insurance form (if applicable) Answer Yes or No for exclusion
- L) Professional Liability Coverage – for professional services if required by E Contractors USA LLC
- M) Insurance Policy #'s
- N) Insurance policy effective dates (always check for current dates)
- O) Insurance Policy limits (**see Insurance Requirements Checklist**)
- P) This section is to list projects, dates of projects, location of project, description of operations, class codes with description (mandatory) and verbiage regarding the additional insured and waiver of subrogation endorsements. Endorsements to the insurance policy(ies) must be provided separately as verification. The following endorsements are required by E Contractors USA LLC.
 - 1) Adding "E Contractors USA, LLC. its Employees, Directors, Officers, Affiliates, and/or Direct and Indirect Owners" as an additional insured. The "additional insured" endorsement is not required for professional liability and workers compensation insurance
 - 2) Waiver of Subrogation
 - 3) Primary and Non-Contributory
 - 4) Cancellation Notice
- Q) E Contractors USA LLC name and address information must be listed in this section
- R) Notice of cancellation, non-renewal, or material change to the insurance policy (ies) must be provided to E Contractors USA LLC in accordance with a cancellation notice endorsement to the policy and/or per the policy provisions based on the endorsement adding E Contractors USA LLC as an additional insured. (Sec. 1811.155, Tex. Ins. Code)
- S) The certificate must be signed by the Authorized Agent in this section of the certificate form.



E CONTRACTORS

Excellent, Efficient, Enduring Construction



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

A

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 BY PAID CLAIMS.

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).

PRODUCER Insurance Agent's Legal Name. Mailing Address.	B	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:	
		INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Name Insured Mailing Address	C	INSURER A:	
		INSURER B:	
		INSURER C: D	
		INSURER D:	
		INSURER E:	
		INSURER F:	

E

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A F	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ 1,000,000.00
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
							MED EXP (Any one person) \$ 5,000.00
							PERSONAL & ADV INJURY \$ 1,000,000.00
B	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						GENERAL AGGREGATE \$ 2,000,000.00
							PRODUCTS - COM/PROP AGG \$ 1,000,000.00
							COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00
							BODILY INJURY (Per person) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							EACH OCCURRENCE \$ 1,000,000.00
							AGGREGATE \$ 1,000,000.00
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER INCLUDED? (Mandatory in TX) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input checked="" type="checkbox"/> <input type="checkbox"/> CITY/ST/ER
							E.L. EACH ACCIDENT \$ 1,000,000.00
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

E Contractors USA LLC, its Affiliates, Officers, Directors, Employees, Direct and Indirect Owners are included as additional insured on the General Liability policy, Umbrella policy and Automobile Liability policy. Waiver of Subrogation clause in favor of E Contractors USA, LLC, its affiliates, and the direct and indirect owners on the General Liability, Umbrella, Automobile and Workers Compensation policies.
 THE SAMPLE CERTIFICATE IS INTENDED TO RELAY THE CERTIFICATE HOLDER'S REQUIREMENTS.
 PLEASE ATTACH ALL REQUESTED ENDORSEMENTS AS EVIDENCE OF THE IDENTIFIED ADDITIONAL INSURED PARTIES AS BEING PROPERLY AMENDED TO THE POLICY OR POLICIES.

P

CERTIFICATE HOLDER CANCELLATION

E Contractors USA, LLC. 5177 Richmond Ave., Suite 130 Houston, TX 77056 Email: compliance@econtractorsusa.com	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Q	AUTHORIZED REPRESENTATIVE Agent's signature and printed name are required.

R

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