

Rev. July 26, 2021

Subj: Insurance Requirements

Please give this notice to your insurance broker.

Subcontractor must submit an **ORIGINAL** certificate of insurance at least thirty (30) days in advance of working at the project site for approval. Subcontractor must obtain Zenith's approval prior to starting work. In addition to the attached SAMPLE insurance certificate, the following is a guideline to follow with respect to what coverages are acceptable:

1. Subcontractors must provide an Additional Insured Endorsement Form CG2010 (sample attached) which provides coverage to the additional insured for claims arising out of your work. Blanket Endorsements are Unacceptable.
2. Subcontractors policy must have completed operations coverage for the additional insured and the subcontractor must carry that coverage for a minimum of two (2) years. (2 policy years). An endorsement limiting the coverage to your "on going operations" is prohibited and unacceptable. Subcontractor must provide form CG2037 (sample attached). Blanket Endorsements are Unacceptable.
3. Subcontractors policies must be endorsed to be Primary and Non-Contributory and Waiver of Subrogation Coverage for the additional insureds.
4. Subcontractors General Liability and Umbrella policies must include a per project aggregate with Umbrella being the follow form. Subcontractor must provide form CU-7216 (sample attached).
5. Subcontractors policy cannot be endorsed to be "excess" nor can it be endorsed to limit coverage for the additional insureds to your sole negligence.
6. Contractors whose work includes excavating, underpinning, land grading and foundation work shall not have a Subsidence Exclusion included in their policy.
7. POLICIES or endorsements that contain language which excludes coverage to the additional insureds/contractor for claims arising out of bodily injury to your employee if it occurs in the course of employment, or if the carrier has a limitation on the contractual liability or they do not provide completed operations coverage for the additional insureds **IS NOT ACCEPTABLE AND YOU WILL NOT BE ABLE TO START WORK UNTIL THIS IS CORRECTED.**
8. Subcontractor must provide the following along with their Certificate of Insurance:
 - a) Provide full and complete policy documents for General Liability, Umbrella and Worker's Compensation Policies.

- b) If Subcontractor is not a NY Resident you must provide Zenith with an accord certificate that states the following EXACTLY: **" New York is listed in item "3A" on the Information Page of the employer's (Subcontractor's) workers' compensation insurance policy"**
9. Subcontractor must fill out the Accord 855 NY Form (attached)
10. Please be advised, in the event excavation is required, we shall request proof of insurance totaling \$10M aggregate.
11. Subcontractors General Liability cannot have a height exclusion.
12. Listed below are insurance carriers that are not acceptable to The Zenith Group, LLC unless acceptable Endorsement Forms and Policy Documents are received). These carriers have restrictions on coverages which you may or may not be aware of. If your carrier is listed below please contact either the Project Manager or Bettina Jardine in our office (631) 369-6601 immediately so we may try to assist you.

Unacceptable Carriers (UNLESS ACCEPTABLE ENDORSEMENT FORM AND POLICY DOCUMENTS ARE RECEIVED)

- | | |
|---|--|
| 1. Admiral | 23. National Contractors Ins. Co (Scottsdale Co) |
| 2. Allstate (for GL/Excess) Not Auto | 24. National Fire & Marine |
| 3. American European Insurance Co | 25. Nautilus (Scottsdale Co) |
| 4. American Safety | 26. North Sea |
| 5. Atlantic Mutual (Scottsdale Co) | 27. Nova Casualty |
| 6. Aspen (Scottsdale Co) | 28. Penn Star (Scottsdale Co) |
| 7. Berkley Specialty | 29. RCA |
| 8. Colonial Cooperative | 30. RLI/ Mt. Hawley |
| 9. Colony | 31. Rutgers Casualty/American European Ins. Co |
| 10. Erie & Niagra | 32. Safeco |
| 11. Evanston Ins Co | 33. Scottsdale (check for height restrictions) |
| 12. Everest America | 34. Selective |
| 13. First Mercury | 35. Sirius America |
| 14. Gemini | 36. T.I.G. |
| 15. Greenwich Insurance Co. | 37. Underwriters at Lloyd |
| 16. Hudson | 38. United National |
| 17. Investor's Ins Co | 39. Valley Forge |
| 18. James River Ins. Co. | 40. Western Heritage |
| 19. Max Specility (Scottsdale Co) | 41. XL America & their Standard Subsidiary |
| 20. Mount Vernon Fire | Greenwich Insurance Co |
| 21. Mountain Valley Indemnity Group (Preserver Group) | |
| 22. National Casualty | |



11. Listed below are insurance carriers that **ARE NOT** acceptable to The Zenith Group, LLC. These carriers have restrictions on coverage which you may or may not be aware of. IF YOUR INSURANCE CARRIER IS LISTED BELOW YOU WILL NOT BE ABLE TO WORK ON A ZENITH PROJECT. If your carrier is listed below please contact either the Project Manager or Bettina Jardine in our office (631) 369-6601 immediately so we may try to assist you.

UNACCEPTABLE CARRIERS

- | | |
|---|---|
| 1. Arch Insurance Company | 13. Northfield |
| 2. Atlantic Causality | 14. Northland |
| 3. Burlington | 15. Nova/Alea |
| 4. Century Insurance Group/Century Surety | 16. Preferred Contractors Ins Co (PCIC) |
| 5. Cover X/First Mercury | 17. Tower Insurance Co. |
| 6. Essex Ins. Co. | 18. Tower Insurance Group |
| 7. Farm Family | 19. Travelers (For Residential Only) |
| 8. Guard | 20. Tudor |
| 9. Hartford | 21. US Liability Insurance Co. |
| 10. Hermitage | 22. US Underwriters |
| 11. Merchants (Handyman & Contractors Coverall) | 23. Utica First |
| 12. Mt Hawley w/MCF Prefix | |

Please be advised this office will only accept **ORIGINAL** certificates and policy documents. Thank you in advance for your cooperation. If you have any questions, please do not hesitate to call.

Sincerely,

Bettina Jardine
The Zenith Group, LLC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED YOUR COMPANY NAME & ADDRESS	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: CARRIERS MUST BE "A" RATED	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

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
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Completed Operations GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	SAMPLE			EACH OCCURRENCE \$ 1,000,000. DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000. MED EXP (Any one person) \$ 5,000. PERSONAL & ADV INJURY \$ 1,000,000. GENERAL AGGREGATE \$ 2,000,000. PRODUCTS - COMP/OP AGG \$ 2,000,000. \$
<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000. BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input type="checkbox"/>	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X				EACH OCCURRENCE \$ 9,000,000.00 AGGREGATE \$ 9,000,000.00 \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	X				<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000. E.L. DISEASE - EA EMPLOYEE \$ 1,000,000. E.L. DISEASE - POLICY LIMIT \$ 1,000,000.

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

Per Project Aggregate applies to General Liability Policy and Umbrella Policy, The Zenith Group, LLC 220 Roanoke Ave. Riverhead, NY 11901; LifeStorage LP 467 Main St. Williamsville, NY 14221; Stinard Architecture, Inc. 322 East Main St. Cartersville, GA 30120; Proficient Engineering 6991 Peachtree Industrial Blvd. Building 700 Norcross, GA 30092; Bennet & Pless 47 Perimeter Center East Suite 500 Atlanta, GA 30346, are named as additional insured on all policies including ongoing and completed operations on a primary non contributory basis with waiver of subrogation in their favor with no 3rd party exclusions or limitations. Subcontractor waives all rights against The Zenith Group, LLC, the Owner, the Fee Owner, Lender and their officers, directors, representatives and employees for recovery of losses, expenses, or damages to the extent covered by available insurance.

CERTIFICATE HOLDER

CANCELLATION

The Zenith Group, LLC 220 Roanoke Avenue, Second Floor Riverhead, NY 11901	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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