

**CBCC EXHIBIT #1
INSURANCE REQUIREMENTS FOR
CHARLES BLANCHARD CONSTRUCTION CORPORATION**

The attached document is a "sample" insurance certificate. **Please send the "sample" and this document to your insurance agent or advisor and ask them use this as guideline** for the certificate of insurance you submit to Charles Blanchard Construction Corporation. Please forward your certificate of insurance to: Charles Blanchard Construction Corporation, PO Box 31377, Charleston, SC 29417. Fax (843) 747-5758.

The certificate must, as a minimum, meet all of the limits and requirements shown below.

- 1) Please submit an original certificate for each separate CBCC project you work on.
- 2) Certificates of insurance shall be in the form of the latest edition of the ACORD 25 and shall be filed with the General Contractor prior to commencement of work.
- 3) The certificate must show the project name and address under the Description of Operations Section.
- 4) It must show the name of each insurance company.
- 5) Charles Blanchard Construction Corporation is to be named as the certificate holder.
- 6) The insurance required should not be written for less than the following limits:
- 7) "Per Project Aggregate" must apply.
 - a. General Aggregate (per project) \$2,000,000
 - b. Products/ Completed Operations \$2,000,000
 - c. Personal and Advertising Injury \$1,000,000
 - d. Each Occurrence \$1,000,000

Subcontractor's Gen Liability policy shall name CBCC as Additional Insured, including completed operations, on a primary and non-contributing basis submitted on forms CG2010 11 85 or its equivalent of a combination of CG2010 07 04 & CG2037 07 04 or their equivalent. Completed operations coverage should be included in your commercial general liability package.

- 8) Business Auto Liability (including all owned, non-owned, and hired vehicles):
 - a. Combined single limit \$1,000,000
- 9) Umbrella \$1,000,000
- 10) Worker's Compensation
 - a. State Statutory
 - b. Employer's Liability \$500,000 Per Accident
\$500,000 Disease Policy Limit
\$500,000 Disease, Each Employee
- 11) Workers' Compensation and Employers' Liability must have the statutory limits box marked (X) and show that company proprietors, partners, executives and officers are included. **Excluded individuals will not be allowed on the jobsite.**
- 12) CBCC must be shown as an "Additional Insured" on general liability. Additional insured coverage should include both ongoing operations and completed operations.
- 13) Policies must be shown as primary and non-contributory.
- 14) Waiver of subrogation shall apply in favor of CBCC with respect to the workers compensation, general liability and business automobile.
- 15) No material alteration, cancellation, nonrenewal, or expiration of the coverage contained in such policy or evidenced by such Certificates of Insurance shall have effect unless the General Contractor has been given at least thirty (30) days written notice.

****EIFS SUBCONTRACTORS****

**Please confirm in writing that your General Liability policy does not have an
EFIS Exclusion.**

*See "sample" insurance certificate attached to this document.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/09/2020

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 Insurance Agent Company Name & Address	CONTACT NAME: Insurance Agent Name & Contact Info	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Sample- SUBCONTRACTOR NAME & ADDRESS	INSURER A : Insurance Company Name Here	
	INSURER B : Insurance Company Name Here	
	INSURER C :	
	INSURER D :	
	INSURER E :	
		INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 19 20 Master **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	POLICY NUMBER			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	Y	POLICY NUMBER			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		Y	POLICY NUMBER			EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			POLICY NUMBER	Y/N N	N/A	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

PROJECT NAME & ADDRESS

Charles Blanchard Construction Corp is Additional Insured with regards to Auto Liability and General Liability Including Ongoing and Completed Operations on a Primary and Non-contributory basis as required by written contract. Waiver of Subrogation applies in favor of Charles Blanchard Construction Corp with regards to Auto Liability, General Liability and Workers Compensation. Umbrella Liability follows forms. 30 Day Notice of Cancellation provided per the policy provision on all policies.

CERTIFICATE HOLDER

Charles Blanchard Construction Corp

PO Box 31377

Charleston

SC 29417

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