

EXHIBIT "C"
INSURANCE REQUIREMENTS

RUSCILLI CONSTRUCTION CO., INC.
SUBCONTRACTOR INSURANCE REQUIREMENTS

WORKERS COMPENSATION

STATUTORY

Employers Liability

Each Accident	\$1,000,000
Disease- Policy Limit	\$1,000,000
Disease- Each Employee	\$1,000,000

COMMERCIAL GENERAL LIABILITY

ISO Form CG 00 01 (12-07) or current edition or equivalent.
Occurrence Policy with limits of not less than:

General Aggregate	\$3,000,000
Products-Completed Operations Aggregate	\$3,000,000
Personal and Advertising Injury	\$3,000,000
Each Occurrence	\$3,000,000

Ruscilli Construction Co., Inc. reserves the right to require higher limits of liability based upon scope of work. However, Subcontractor is required to provide coverage that is equal to or exceeds the minimum coverages listed in this Exhibit "C" or the Prime Contract, whichever is greater.

Products - Completed Operations will be maintained for five (5) years after completion of the project.

Endorsements attached will include the following or their equivalents:

ISO Form CG 20 37 (07-04) and CG 20 10 (07-04), Additional Insured Endorsement naming the Owner and Ruscilli Construction Co., Inc. as Additional Insured on a primary and noncontributory basis. This endorsement must include Products/Completed Operations Coverage.

Any deductibles in place are the responsibility of the Subcontractor.

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ADDITIONAL COVERAGE PROVISIONS

Amendment Aggregate Limits of Insurance - Per Project.

Waiver of Transfer of Rights of Recovery Against Others/Subrogation, in favor of Owner and Ruscilli Construction Co., Inc.

Blanket Contractual Liability

No Residential Exceptions

AUTOMOBILE LIABILITY INSURANCE

With Limits Not Less Than:	\$2,000,000
Combined single limit applying to:	
Bodily Injury	
Property Damage	

Coverage applying to any owned, leased, hired, and non-owned auto. Ruscilli Construction Co., Inc. shall be added as additional insured.

ADDITIONAL GUIDELINES

An Umbrella may be used to satisfy any of the required limits.

Ruscilli Construction Co., Inc. reserves the right to require Professional Liability and/or Pollution Liability depending on the scope of work.

Separate Certificates of Insurance on Acord 25-S form or equivalent, will be filed with the Owner and Ruscilli Construction Co., Inc. before work commences.

Policies shall provide or be endorsed to provide that coverage will not be cancelled or non-renewed until at least 30 days prior written notice (10 day for non-payment of premium) has been given to Ruscilli Construction Co., Inc.

Insurance Companies Providing Coverage - All companies listed must be rated "Excellent" in the A.M.Best Company Key Rating Guide – Property – Casualty, current edition.

See sample certificate attached for reference.

Revised 10/12/16



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 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:	NAME
INSURANCE AGENT	PHONE (A/C, No, Ext):	000-000-0000
ADDRESS	FAX (A/C, No):	000-000-0000
	EMAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
CITY ST ZIP	INSURER A:	INSURANCE COMPANY A
	INSURER B:	INSURANCE COMPANY B
INSURED	INSURER C:	
NAME	INSURER D:	
ADDRESS	INSURER E:	
	INSURER F:	
CITY ST ZIP		

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	X	XXXX	Date	Date	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
A	AUTOMOBILE LIABILITY			XXXX	Date	Date	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						
	<input checked="" type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	UMBRELLA LIAB			XXXX	Date	Date	BODILY INJURY (Per person) \$
	EXCESS LIAB						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> OCCUR						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> CLAIMS-MADE						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	XXXX	Date	Date	EACH OCCURRENCE \$ 2,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						AGGREGATE \$ 2,000,000
B				XXX	Date	Date	OH Stop Gap

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

RE: Project Name / Number

Ruscilli Construction Co., Inc. and Owner are Additional Insured per ISO forms CG 2010 04/13 and CG 2037 04/13 or equivalent form that includes completed operations coverage under the General Liability per written contract or agreement. Coverage is Primary and Non-Contributory to that of the Additional Insureds with respects to General Liability per written contract or agreement. Waiver of Subrogation applies in favor of the Additional Insureds per attached CG 2404A or equivalent with respects to General Liability. 30 Day Cancellation notice (10 day for non-payment of premium).

CERTIFICATE HOLDER**CANCELLATION**

Ruscilli Construction Co., Inc. 5000 Arlington Centre Blvd., Suite 300 Columbus, OH 43220	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
	AGENT'S SIGNATURE

ACORD 25 (2010/05)

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