

**Snowology, LLC / OnePro Contracting, LLC**

**PO Box 542**

**Parker, CO 80134**

**Subcontractor Insurance Requirements/Instructions**

**1.) Commercial General Liability**

|   |                    |
|---|--------------------|
| Bodily Injury and Property Damage each occurrence | <b>\$1,000,000</b> |
| Bodily Injury and Property Damage Aggregate       | <b>\$2,000,000</b> |
| Products and Completed Operations Aggregate       | <b>\$2,000,000</b> |
| Personal and Advertising Injury Each Occurrence   | <b>\$1,000,000</b> |
| Fire Damage each occurrence                       | <b>\$50,000</b>    |
| Medical Payments per person                       | <b>\$5,000</b>     |

**\*Required Attached Endorsements**

- a.) Additional Insured Ongoing and Completed Operations CG 2010 or CG 2037 or Blanket Equivalent Endorsement
- b.) General Liability Waiver of Subrogation Endorsement or Blanket Equivalent
- c.) Primary and Non-contributory Language Endorsement or Blanket Equivalent
- d.) 30 Notice of Cancellation Endorsement

**2.) Commercial Automobile Liability**

|                       |                    |
|-----------------------|--------------------|
| Combined Single Limit | <b>\$1,000,000</b> |
|-----------------------|--------------------|

**\*Required Attached Endorsements**

- a.) Auto Liability Additional Insured Endorsement or Blanket Equivalent
- b.) Auto Liability Waiver of Subrogation Endorsement or Blanket Equivalent

**3.) Workers Compensation**

|                       |                  |
|-----------------------|------------------|
| Each Accident         | <b>\$100,000</b> |
| Disease Policy Limit  | <b>\$500,000</b> |
| Disease Each Employee | <b>\$100,000</b> |

**\*Required Attached Endorsements**

- a.) Workers Compensation Waiver of Subrogation Endorsement or Blanket Equivalent

**\*Attach all required supporting endorsements to the certificate of insurance.**

**See Sample Certificate Below**



# 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<br>Subcontractor Insurance Agent Name<br>Mailing Address | CONTACT NAME: <b>Agent Name</b>      | PHONE (A/C, No, Ext): <b>Phone Number</b> | FAX (A/C, No): |
|   | E-MAIL ADDRESS: <b>Email Address</b> |   |                |
| INSURER(S) AFFORDING COVERAGE                                     |                                      |   | NAIC #         |
| INSURER A : <b>Insurance Company Name Here</b>                    |                                      |   | <b>XXXXXX</b>  |
| INSURED<br><br>Subcontractor Name Here<br>Mailing Address         | INSURER B :                          |   |                |
|   | INSURER C :                          |   |                |
|   | INSURER D :                          |   |                |
|   | INSURER E :                          |   |                |
|   | INSURER F :                          |   |                |

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

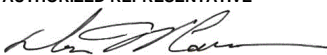
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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   |                     |
|----------|---|-----------|------------|-----------------|-------------------------|-------------------------|--|---------------------|
| <b>A</b> | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: | <b>X</b>  | <b>X</b>   | <b>XXXXXXXX</b> | <b>X/X/20XX</b>         | <b>X/X/20XX</b>         | EACH OCCURRENCE  | \$ <b>1,000,000</b> |
|          |   |           |            |                 |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                      | \$ <b>50,000</b>    |
|          |   |           |            |                 |                         |                         | MED EXP (Any one person)   | \$ <b>5,000</b>     |
|          |   |           |            |                 |                         |                         | PERSONAL & ADV INJURY  | \$ <b>1,000,000</b> |
|          |   |           |            |                 |                         |                         | GENERAL AGGREGATE  | \$ <b>2,000,000</b> |
|          |   |           |            |                 |                         |                         | PRODUCTS - COMP/OP AGG   | \$ <b>2,000,000</b> |
|          |   |           |            |                 |                         |                         |  | \$                  |
| <b>A</b> | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                          | <b>X</b>  | <b>X</b>   | <b>XXXXXXXX</b> | <b>X/X/20XX</b>         | <b>X/X/20XX</b>         | COMBINED SINGLE LIMIT (Ea accident)  | \$ <b>1,000,000</b> |
|          |   |           |            |                 |                         |                         | BODILY INJURY (Per person)   | \$                  |
|          |   |           |            |                 |                         |                         | BODILY INJURY (Per accident)   | \$                  |
|          |   |           |            |                 |                         |                         | PROPERTY DAMAGE (Per accident)   | \$                  |
|          |   |           |            |                 |                         |                         |  | \$                  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$   |           |            |                 |                         |                         | EACH OCCURRENCE  | \$                  |
|          |   |           |            |                 |                         |                         | AGGREGATE  | \$                  |
|          |   |           |            |                 |                         |                         |  | \$                  |
| <b>B</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/><br>If yes, describe under DESCRIPTION OF OPERATIONS below   | <b>N</b>  | <b>N/A</b> | <b>XXXXXXXX</b> | <b>X/X/20XX</b>         | <b>X/X/20XX</b>         | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER |                     |
|          |   |           |            |                 |                         |                         | E.L. EACH ACCIDENT   | \$ <b>100,000</b>   |
|          |   |           |            |                 |                         |                         | E.L. DISEASE - EA EMPLOYEE   | \$ <b>100,000</b>   |
|          |   |           |            |                 |                         |                         | E.L. DISEASE - POLICY LIMIT  | \$ <b>500,000</b>   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Lawn care and Snow Removal Services. All projects of the insured.

Snowology LLC and OnePro Contracting, LLC are an additional insured with respect to general liability, auto liability and excess liability for both ongoing and completed operations. A waiver of subrogation is in place for GL, Auto and Workers Compensation. Coverage is primary and non-contributory. A 30 day notice of cancellation is in effect for the certificate holder.

**CERTIFICATE HOLDER****CANCELLATION**

|   |  |
|---|--|
| <b>Snowology, LLC</b><br><b>OnePro Contracting, LLC</b><br>PO Box 542<br>Parker, CO 80134 | 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<br>  |