

EXHIBIT "D"

REQUIRED INSURANCE COVERAGE BY SUBCONTRACTORS

A201, Article 11.1

The Contractor shall provide and maintain the following insurance coverages:

- A. Worker's Compensation insurance which affords insurance in the state in which work is to be done (other states endorsement), including occupational disease.
- B. Employer's Legal Liability insurance (part B of the Worker's Compensation policy) with the limits of liability in the amount of \$100,000 Each Accident/\$500,000 Disease-Policy Limit/\$100,000 Disease Each Employee.
- C. Commercial General Liability insurance with limits of \$1,000,000 Combined Single Limit Per Occurrence with a \$2,000,000 General and Products/Completed Operations Aggregate for Bodily Injury or Death and Property Damage.
 - 1. Products and Completed Operations coverage for at Least two (2) years beyond the completion date of work.
 - 2. Blanket contractual liability coverage which spells out that coverage exists for contractor's indemnification agreement.
 - 3. Independent Contractor's protective liability
 - 4. Broad Form Property Damage including Completed Operations.
 - 5. Coverage for Explosion, Collapse and Underground must be included.
 - 6. Per Project Aggregate Limits
- D. Commercial Automobile Liability Insurance for Owned, Hired, Non-Owned and Rented Vehicles with minimum limits of \$1,000,000 Combined Single Limits for Bodily Injury or Death and Property Damage.
- E. Umbrella insurance with minimum of \$1,000,000 per occurrence in excess of the required primary coverage. Umbrella should be "Follow Form" over all underlying coverages required in this article.
- F. The certificate of insurance supplied by the Subcontractor shall contain a thirty (30) day notice of cancellation in favor of H and M Construction Co., Inc.
- G. Waiver of any rights of subrogation in favor of H and M Construction Co., Inc., **Insert Owner's Name here** & any others where required by written contract as respects General Liability, Automobile Liability & Umbrella Liability and Worker's Compensation including Employer's Liability.
- H. H and M Construction Co., Inc., **Insert Owner's Name here** & any others where required by written contract shall be named as an Additional Insured as respects General Liability (on forms CG 20 10 07-04 (ongoing operations) and CG 20 37 07 04 (completed operations), or equivalents), AND Automobile and Umbrella Liability on a primary and non-contributory basis.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

OR EQUIVALENT FORM INCLUDING PRIMARY & NON-CONTRIBUTORY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

OR EQUIVALENT FORM INCLUDING PRIMARY & NON-CONTRIBUTORY