

Subcontractor Insurance Requirements

The Sub-Contractor agrees in consideration of the awarding of any work, to secure and maintain, at their own expense, the following insurance coverage:

Workers Compensation and Employer's Liability

Statutory coverage in compliance with the Compensation laws of the state(s) serviced. At minimum coverage shall include Employer's Liability with minimum limits of:

\$100,000 each Accident
\$500,000 each Disease
\$100,000 Policy Limit each Disease/Each Employee

A certificate of workers compensation for all contractors regardless of State exclusions. Contractors working in multiple states must meet or exceed the Statutory requirements of the State(s) they are working in.

Comprehensive General Liability

Comprehensive General Liability providing coverage for all premises, operations, products, and completed operations. Such coverage shall be written with the following items:

\$2,000,000 General Aggregate
\$2,000,000 Products and Completed Open Aggregate
\$1,000,000 Personal and Advertising Injury Liability
\$1,000,000 Each Occurrence
\$300,000 Tenants Liability
\$10,000 Medical Expense Limit
\$5,000 Employment Related Practices

This policy must include:

Manufacturers and Contractors Coverage with all X, C & U exclusions deleted;
Products and Completed Operations Coverage including, Contractual liability (written or oral) and owners and Contractors protective;
30 days direct written notice in a event of cancellation or material change in coverage;
A provision that such insurance shall be primary and non-contributing to General Contractor;
Waiver of Subrogation as respect to Workers Compensation coverage;
Certificate must warrant there is no condo/townhouse exclusion;
No self Insurance or Captive Programs are allowed;
A.M. Best rating of A class vii or better.
Any contractor work under 5 feet of depth shall carry \$5,000,000 Liability Coverage;
All deductions and self-insured retentions must be disclosed on Certificate.

Certificates of insurance along with required endorsements affording evidence that the above requirements have been met shall be delivered to contractor prior to commencement of performance of this agreement and maintained in full force and effect through out the term of this agreement.

If the subcontractor fails to secure and maintain the required insurance, Contractor shall have the right (without any obligation to do so, however), to secure the same in the name of and for the account of the Subcontractor. The Subcontractor shall pay the cost thereof and shall furnish, upon demand, all information that may be required in connection therewith.

A current copy of sub-contractor's insurance policy shall be required every six months.

Workers' Compensation Form

All inspectors and vendors are required to comply with state laws regarding Workers' Compensation Insurance. Please provide us with the following information and fax completed form to 336-623-4211 or scan and email to hr@snowcompanies.com.

1. Company Information:

Company Name: _____
Owner Contact: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____

2. Organization Type:

I do hereby certify that I am the majority shareholder of the entity conducting business with Snow Enterprises and that this company is organized as a:

- ☐ Sole Proprietorship
- ☐ Limited Liability Partnership
- ☐ Limited Liability Corporation
- ☐ Corporation
- ☐ S Corporation
- ☐ Other (Please specify) _____

3. Workers' Compensation Status:

☐ My organization **is exempt** from state requirements for Workers' Compensation Insurance. I have attached a copy of the state statute verifying my exempt status.

☐ My organization **is not exempt** from state requirements for Workers' Compensation Insurance. I have attached a copy of my current insurance policy.

4. Acknowledgement of Changes:

☐ I hereby certify that I will provide Snow Enterprises with a Certificate for Workers' Compensation Insurance within 10 business days of any legal changes in status to my organization, should I be required to maintain Workers' Compensation Insurance.

5. Signature:

Signature: _____

Name: _____

(Print)

Date: _____