



CERTIFICATE OF INSURANCE REQUIREMENTS

It is required that every **subcontractor and supplier that delivers materials to our job sites** to be in compliance with the Terms & Conditions of our Subcontract Agreement with H & A Construction. Please send us a current Certificate of Insurance form preferably the ACORD 25-S or its equivalent, with the following information. It is very important the following requirements are met. If they are not, you will not be allowed on the job site until we receive the correct information.

1. **The Description of Operations on the Insurance Certificate needs to read:**
“All Operations” or “Operations of the Insured” H & A Construction and the Project Owner are Primary Non-Contributory Additional Insured for ongoing & completed operations and waiver of subrogation applies in favor of said additional insured per attached endorsement (s) which form (s) a part of the insured’s General Liability policy.
2. **GENERAL LIABILITY REQUIRED LIMITS** of a least \$2,000,000 per Occurrence, \$2,000,000 General Aggregate and Products/Completed Operations Aggregate, and \$2,000,000 Personal & Accidental Injury. The General Liability General Aggregate limit must apply separately to each project you perform for H & A Construction. Make sure the project box is marked on certificate.
3. **AN ADDITIONAL INSURED ENDORSEMENT** which includes the correct “primary and non-contributory” wording must be attached. It must apply to both “ongoing” and “completed” operations. Any wording that limits this additional insured coverage to “ongoing operations only” is not acceptable.
4. **AUTO LIABILITY** showing limits of at least \$2,000,000 per Occurrence. If you are a subcontractor or supplier who drives on jobsite – Auto Liability is required.
5. **EXCESS UMBRELLA LIABILITY LIMITS** may be used to increase the limits for the any of above coverage to meet our requirements.
6. **WORKERS COMPENSATION LIABILITY** showing limits at least \$1,000,000 each. If you are physically working on jobsite a Waiver of Subrogation for W/C in favor of H& A Construction and Project Owner is required.
 - A. SAIF offers an All Contracts Waiver of Subrogation in favor of H & A Construction & Project Owners. This will cover all projects you work on for H & A.
 - B. Liberty NW will only provide a Per Project waiver. The Endorsement must have both H & A Construction’s name and the Project Owner’s name on it.
 - C. All Endorsements must be received by H & A before any payment will be made. All endorsements are usually received within 30 days from issuance.

H & A Construction cannot accept invoices or declarations pages from your insurance carrier as proof of coverage. You will be required to keep all insurance in force for the one year (12 month) warranty period after completion of the project and provide H & A with proof of insurance which meets all requirements as stated in your Subcontract or Purchase Order.



SUBCONTRACTOR

OP ID: SL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/01/11

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 Anchor Insurance & Surety, Inc 1201 SW 12th Ave., Suite 500 Portland, OR 97205-2030	503-224-2500	CONTACT NAME:	
	503-224-9830	PHONE (A/C, No, Ex):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #:	H&ACO-1
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Subcontractor Legal Operating Name (MUST MATCH NAME ON SUBCONTRACT) Subcontractor Address Subcontractor Address SUB ZIP	INSURER A:		ABC Insurance Company
	INSURER B:		DEF Insurance Company
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY NUMBER	12/01/11	12/01/12	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
	<input checked="" type="checkbox"/> IF JOB IN WA, OR WA EMPLOYEES USED			WA STOP GAP LIABILITY \$1,000,000 EA LIMIT			PERSONAL & ADV INJURY \$ 2,000,000
	GENTL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO			POLICY NUMBER	12/01/11	12/01/12	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB OR EXCESS LIAB	<input checked="" type="checkbox"/>		(CAN BE USED TO INCREASE GENERAL LIABILITY & AUTO LIABILITY LIMITS TO REQUIRED AMOUNTS)	12/01/11	12/01/12	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE	<input type="checkbox"/>		POLICY NUMBER			AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	<input type="checkbox"/>	N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: OPERATIONS OF THE INSURED - H&A CONSTRUCTION CO. & PROJECT OWNER ARE PRIMARY & NON-CONTRIBUTORY ADDITIONAL INSUREDS FOR ONGOING & COMPLETED OPERATIONS, AND WAIVER OF SUBROGATION APPLIES IN FAVOR OF SAID ADDITIONAL INSUREDS PER ATTACHED GENERAL LIABILITY ENDORSEMENT NUMBER(S)

CERTIFICATE HOLDER	CANCELLATION
H&ACO-1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
H&A CONSTRUCTION CO ATT: CELINA FARRELL PO BOX 23755 TIGARD, OR 97223	AUTHORIZED REPRESENTATIVE <i>Agent's Signature</i>

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NAMED INSURED:

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG

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):

ALL PERSONS OR ORGANIZATIONS AS REQUIRED
BY WRITTEN CONTRACT WITH THE NAMED INSURED

INSURANCE EXAMPLES

Location(s) Of Covered Operations:

FOR ADD'L INSURED FOR
ON GOING & COMPLETED
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.

NAMED INSURED:

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG

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
ALL PERSONS OR ORGANIZATIONS AS REQUIRED BY WRITTEN CONTRACT WITH THE NAMED INSURED	
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".

INSURANCE EXAMPLES FOR ADD'L INSURED FOR ON GOING & COMPLETED OPERATIONS



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PRODUCER Anchor Insurance & Surety, Inc 1201 SW 12th Ave., Suite 500 Portland, OR 97205-2030	503-224-2500 503-224-9830	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: H&ACO-1	FAX (A/C, No):
	INSURED Sub or Supplier Legal Operating Name (MUST MATCH NAME ON SUBCONTRACT OR PURCHASE ORDER) P O Box 23755 Tigard, OR 97281-3755		INSURER(S) AFFORDING COVERAGE INSURER A : ABC Insurance Company INSURER B : DEF Insurance Company INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB OR EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$			(CAN BE USED TO INCREASE EMPLOYERS LIABILITY LIMITS TO REQUIRED AMOUNTS--SEE BELOW) POLICY NUMBER	09/01/11	09/01/12	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	POLICY NUMBER	10/11/11	10/11/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: OPERATIONS OF THE INSURED
WAIVER OF SUBROGATION APPLIES IN FAVOR OF PROJECT OWNER & H&A CONSTRUCTION CO. PER ATTACHED WORKERS COMPENSATION ENDORSEMENT NUMBER

CERTIFICATE HOLDER H&ACO-1 H&A CONSTRUCTION CO PO BOX 23755 TIGARD, OR 97223	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 <i>Agent or Insurance Co. Rep Signature</i>
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OREGON WORKERS' COMPENSATION
CERTIFICATE OF INSURANCE



CERTIFICATE HOLDER:

H&A CONSTRUCTION
PO BOX 23755
TIGARD, OR 97281-3755

The policy of insurance listed below has been issued to the insured named below for the policy period indicated. The insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy.

POLICY NO.	POLICY PERIOD	ISSUE DATE
00110		

INSURED:

ABC Company, Inc.
Street/P.O. Box
City, St. Zip

BROKER OF RECORD:

ABC Insurance Agency, Inc.
Street/P.O. Box
City, St. Zip

LIMITS OF LIABILITY:

Bodily Injury by Accident	\$1,000,000	each accident
Bodily Injury by Disease	\$1,000,000	each employee
Bodily Injury by Disease	\$1,000,000	policy limit

DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS:

ALL OPERATIONS FOR H&A CONSTRUCTION/PROJECT OWNERS
ALL CONTRACTS WAIVER OF SUBROGATION IN FAVOR OF H&A CONSTRUCTION

IMPORTANT:

The coverage described above is in effect as of the issue date of this certificate. It is subject to change at any time in the future.

This certificate is issued as a matter of information only and confers no rights to the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies above.

CANCELLATION:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE, THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS' WRITTEN NOTICE TO THE ABOVE NAMED CERTIFICATE HOLDER.

AUTHORIZED REPRESENTATIVE

Brenda J P Redlin

President and CEO

Carrier No:

Endorsement No:

Policy No:

Agency:

ABC Company, Inc.
Street/P.O. Box
City, St. Zip

ABC Insurance Agency, Inc.
Street/P.O. Box
City, St. Zip

Waiver of Our Right to Recover From Others Endorsement

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Description: H&A CONSTRUCTION
Contract: CONTRACT WAIVER
Contractor Name: H&A CONSTRUCTION/PROJECT OWNERS
Address: PO BOX 23755
TIGARD, OR 97281-3755

This endorsement does not alter the rights of an injured worker to pursue recovery from another party or SAIF to receive a statutory share of recoveries by an injured worker, even from the party listed in the schedule.

The premium charge for this endorsement is based on one (1) percent of your manual premium.

Effective Date: 12-31-2008

This endorsement is part of your policy. This endorsement amends and controls anything to the contrary. It is otherwise subject to all other terms of your policy.

Countersigned 12-31-2008 at Salem, Oregon

[Large handwritten signature: Brenda JP Rocklin]

[Handwritten signature: Brenda JP Rocklin]

Brenda JP Rocklin, President
and Chief Executive Officer