

Dear Subcontractor:

Following are the requirements for insurance as contained in your subcontract. Please read and comply completely with the requirements. Limits of Coverage, Waiver of Subrogation and Cancellation Language must be exactly as stated below. **PLEASE NOTE: Additional insured and waiver of subrogation language must be exactly as printed below and copies of the endorsements are required. Certificates not in compliance will be returned for correction. No progress payments will be released until a correct certificate of insurance is on file for your company.**

Limits of Coverage:

{ Commercial General Liability . . . . .	1,000,000	Per Occurrence
	2,000,000	Aggregate*
*(Aggregate limit shall apply specifically to this project - on a Per Project basis)		
{ Automobile Liability (scheduled, non owned and hired)	1,000,000	Per Occurrence
{ Workers Compensation and Employers Liability . . . . .		Statutory
	100,000	Per Accident
	500,000	Disease Policy Limit
	100,000	Disease Each Employee
Excess Umbrella Liability	1,000,000	

Requirements: Please note that anything below in **bold** must be on the certificate of insurance.

\* **"Master Subcontract for Disaster Services 2011-2012 - Work as Ordered"** must be on the certificate.

\* All insurance shall be on a primary, non-contributory basis.

\*Additional insured provisions: **Thunder Disaster Services, Inc., Phillips & Jordan, Inc. and Job Owner is added as additional insured on General Liability, Excess Liability and Auto Liability.**

\* **Workers Compensation coverage will apply to all employees including executive officers,** unless proper exemption forms have been filed. **Insurance certificates must show states where coverage applies in description area or on an endorsement page.** Coverage must apply to the state you will be working.

\***Waiver of Subrogation shall be provided to Thunder Disaster Services, Inc., Phillips & Jordan, Inc. and Job Owner on all coverage.**

{ If you use a leasing company it is a requirement that your leasing company must grant an alternate employer endorsement for your firm.

\***Completed Operations Coverage applies for a period of two years.**

The following statement shall be submitted on the certificate. **"The insurance coverage afforded on this certificate will not be materially changed or cancelled without thirty (30) days written notice to the certificate holder."**

Certificate Holder:

**Thunder Disaster Services, Inc.**  
**18001 Great Smoky Mtn Exp**  
**Waynesville, NC 28786**  
**828-452-3335**  
**828-452-6993 Fax**  
[camf@thunderdisaster.com](mailto:camf@thunderdisaster.com)

Your assistance in obtaining a correct certificate the first time is greatly appreciated. Should you or your insurance company have any questions, please contact us before issuing a certificate. Have your agent(s) fax or email certificates, while originals arrive by mail.