

Xxx,

This attached form is part of our subcontractor vetting process since we have not worked with you before. ECA does not award contract unless the subcontractor demonstrates that they can meet our insurance requirements. Once the insurance requirements are received the information is reviewed.

Please forward this attachment to whom in your office is responsible for obtaining insurance.

Please see Eastman Cooke's insurance requirements:
Attached is sample that is NOT project specific.

If awarded the project, you will receive a project specific sample:

- SUB Sample - Certificate of Ins-(Rev 4-14)

Certificate(s) of Insurance with Eastman, Cooke & Associates, LLC as the certificate holder:

- General Liability
- Automobile Liability
- Umbrella
- Pollution Liability
- Workers Comp

Additionally, the following General Liability endorsements (with the policy number on the forms) are required:

1. additionally insured for Ongoing Operations: [form CG 2010 (11/85), CG2033 or equivalent]
2. additionally insured for Completed Operations: [form CG 2037 or equivalent]
3. Primary & Noncontributory: [form CG 2001 or equivalent]
4. Waiver of Subrogation [against additional insured parties] [form CG 2404 or equivalent]

Please forward this email to your broker for follow-up.

We await your response.

Regards,

SAMPLE INSURANCE CERTIFICATE FOR EASTMAN COOKE

Certificate of Insurance		Issue Date (MM/DD/YY)	
PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURED <i>Subcontractor's/Seller's Name</i>	INSURERS AFFORDING COVERAGE		
	INSURER	A	
	INSURER	B	
	INSURER	C	
	INSURER	D	
COVERAGES			
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.			
CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)
POLICY EXPIRATION DATE (MM/DD/YY)	Limits		
GENERAL LIABILITY	POLICY NUMBER		
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	PER PROJECT AGGREGATE ENDORSEMENT 50' RAILROAD EXCLUSION ELIMINATED (10/01 & PRIOR OR EQUIVALENT)		EACH OCCURRENCE \$ 2,000,000
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.			PRODUCTS-COMP/OP AGG. \$ 4,000,000
OWNER'S & CONTRACTOR'S PROT.			PERSONAL & ADV INJURY \$ 2,000,000
<input checked="" type="checkbox"/> ISO FORM CG0001			GENERAL AGGREGATE \$ 4,000,000
<input checked="" type="checkbox"/> CONTRACT'L LIAB.			FIRE DAMAGE (Any one fire) \$ 300,000
GEN'L AGGREGATE LIMIT APPLIES PER:		MED. EXPENSE (Any one person) \$ 5,000	
<input type="checkbox"/> POL-ICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC.			
AUTOMOBILE LIABILITY	POLICY NUMBER		
<input checked="" type="checkbox"/> ANY AUTO			COMBINED SINGLE LIMIT \$ 1,000,000
<input type="checkbox"/> ALL OWNED AUTOS			BODILY INJURY (Per person) \$
<input type="checkbox"/> SCHEDULED AUTOS			BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS			PROPERTY DAMAGE \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS			
<input type="checkbox"/> GARAGE			
EXCESS LIABILITY	POLICY NUMBER		
<input checked="" type="checkbox"/> UMBRELLA FORM	PER PROJECT ENDORSEMENT INCLUDED		EACH OCCURRENCE 5,000,000
<input type="checkbox"/> OTHER THAN UMBRELLA FORM			AGGREGATE \$ 5,000,000
POLLUTION LIABILITY	POLICY NUMBER		
			EACH OCCURRENCE \$ 2,000,000
			PRODUCTS-COMP/OP AGG. \$ 2,000,000
WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY	POLICY NUMBER		
THE PROPRIETOR, PARTNERS, EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL. <input type="checkbox"/> EXCL.	COVERAGE APPLIES IN STATE OF JOBSITE OPERATION UNDER THIS SUBCONTRACT USL&H COVERAGE IS INCLUDED WHERE NEEDED	<input checked="" type="checkbox"/> STATUTORY LIMITS	
OTHER			EACH ACCIDENT \$ 1,000,000
			DISEASE-POLICY LIMIT \$ 1,000,000
			DISEASE-EACH EMPLOYEE \$ 1,000,000
*EXCEPT WHERE UNLIMITED			
The coverages provided shall be pursuant to insurance requirements contained in the Subcontract. SEE ATTACHED DESCRIPTIONS.			
DESCRIPTION OF OPERATIONS/ LOCATIONS/VEHICLES/SPECIAL ITEMS			
All operations performed under Eastman Cooke. General Liability & Umbrella policies include full contractual liability coverage and is broad enough to cover all operations performed under Job #: xxxxx - job name - address between Eastman, Cooke, & Associates, LLC and (name of subcontractor)			
Eastman, Cooke, & Associates, LLC and XXXXXXXXX and their affiliates, subsidiaries, directors, officers, employees, agents, representatives and, managers, members, owners and subsidiaries are included as additional insured. Additional insured status applies to both operations and completed operations and to general liability, auto liability, employers liability and umbrella liability policies. All policies are primary and non-contributory (not requiring contribution from any other policies available to the additional insured's). All policies listed include a waiver of subrogation to the benefit of all additional insured's. No insurance will be cancelled or materially changed without (30) days prior writtten notice to the Certificate Holder..			
CERTIFICATE HOLDER		CANCELLATION	
Eastman, Cooke & Associates, LLC 5 Hanover Square 22nd Floor New York, NY 10004		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED ** BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 60 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.	
		AUTHORIZED REPRESENTATIVE	

**NON-RENEWED OR MATERIALLY CHANGED

SAMPLE INSURANCE CERTIFICATE FOR EASTMAN COOKE

DESCRIPTION *(Continued from Previous Page)*

Additional Insureds: The following are included as Additional Insureds as respects General Liability, (both ongoing and completed operations), Auto and Umbrella Policies: the Owner, XXXXXXXXXX and their affiliates, directors, officers, employees, agents, representatives and, managers, members, owners and subsidiaries. Additional insured for “on-going” operations endorsement CG2010 (11/85) or its equivalent (CG2033), and additional insured for “completed operations” endorsement (CG2037) must be used to provide for both “on-going” and “completed operations”. Endorsements being used must be listed and attached to the certificate.

Primary Insurance: As respects General Liability, Business Automobile and Umbrella Liability, policies have been endorsed and stipulate that this insurance is primary, for all additional insureds; and any other insurance or self-insurance maintained by Eastman, Cooke & Associates, LLC and any other additional Insured et al, shall be excess only and shall not be called upon to contribute with this insurance.

With respect to the Excess Liability Insurance, the following policies are scheduled as primary: Commercial General Liability, Automobile Liability, and Employers Liability.

Waiver of Subrogation: As respects General Liability, Business Automobile, Workers Compensation, and Umbrella Liability, (Sub Contractors Name), it’s owners, directors, officers, employees, affiliates and all its insurers agree to waive their rights of recovery (subrogation) against all additional insured’s including Eastman, Cooke & Associates, LLC and its directors, officers, employees, subsidiaries and affiliates.

Cancellation Clause: All policies have been endorsed to provide 60 days prior written notice of cancellation, material change and/or non-renewal by certified mail; return receipt requested, to Eastman, Cooke & Associates, LLC, 5 Hanover Square, Floor 22, New York, NY 10004.

**** NO PAYMENTS WILL BE MADE WITHOUT PROPER CERTIFICATES OF INSURANCE**
YOU MUST PROVIDE ALL ENDORSEMENTS AND WAIVER OF SUBROGATION
REQUESTED ON THIS PAGE**