

Thank you for your interest in working with Eastman Cooke. This form is part of our subcontractor vetting process, which we require for all subcontractors with whom we have not previously worked. In order to be eligible to be awarded a contract, the subcontractor must demonstrate that they can meet our insurance requirements. Once the insurance requirements are received, we will review your information.

Please ask the person in your office who is responsible for obtaining insurance to complete this form. We have attached a sample insurance certificate 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 letter to your broker for follow-up.

We await your response.

Regards,  
Eastman Cooke & Associates

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:

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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												
	INSURER	E												
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												
<input checked="" type="checkbox"/> <b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>CLAIMS MADE</span> <span><input checked="" type="checkbox"/> OCCUR.</span> </div> <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input checked="" type="checkbox"/> ISO FORM CG0001 <input checked="" type="checkbox"/> CONTRACT'L LIAB. GEN'L AGGREGATE LIMIT APPLIES PER: <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>POL-ICY</span> <span><input checked="" type="checkbox"/></span> <span>PRO-JECT</span> <span><input type="checkbox"/></span> <span>LOC</span> </div>	POLICY NUMBER PER PROJECT AGGREGATE ENDORSEMENT 50' RAILROAD EXCLUSION ELIMINATED (10/01 & PRIOR OR EQUIVALENT)	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG.</td><td style="text-align: right;">\$ 4,000,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 4,000,000</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td style="text-align: right;">\$ 300,000</td></tr> <tr><td>MED. EXPENSE (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> </table>	EACH OCCURRENCE	\$ 2,000,000	PRODUCTS-COMP/OP AGG.	\$ 4,000,000	PERSONAL & ADV INJURY	\$ 2,000,000	GENERAL AGGREGATE	\$ 4,000,000	FIRE DAMAGE (Any one fire)	\$ 300,000	MED. EXPENSE (Any one person)	\$ 5,000
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<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE	POLICY NUMBER	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr><td>COMBINED SINGLE LIMIT</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE	\$				
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PROPERTY DAMAGE	\$													
<input checked="" type="checkbox"/> <b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	POLICY NUMBER	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">5,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$ 5,000,000</td></tr> </table>	EACH OCCURRENCE	5,000,000	AGGREGATE	\$ 5,000,000								
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<b>POLLUTION LIABILITY</b>	POLICY NUMBER	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG.</td><td style="text-align: right;">\$ 2,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 2,000,000	PRODUCTS-COMP/OP AGG.	\$ 2,000,000								
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PRODUCTS-COMP/OP AGG.	\$ 2,000,000													
<b>WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY</b> THE PROPRIETOR, PARTNERS, EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL. <input type="checkbox"/> EXCL.	POLICY NUMBER	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr><td>EACH ACCIDENT</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DISEASE-POLICY LIMIT</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DISEASE-EACH EMPLOYEE</td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	EACH ACCIDENT	\$ 1,000,000	DISEASE-POLICY LIMIT	\$ 1,000,000	DISEASE-EACH EMPLOYEE	\$ 1,000,000						
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DISEASE-EACH EMPLOYEE	\$ 1,000,000													
The coverages provided shall be pursuant to insurance requirements contained in the Subcontract. <b>SEE ATTACHED DESCRIPTIONS.</b>														
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 XXXXXXXX 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**