

# CONTRACTUAL INSURANCE REQUIREMENTS

The information contained herein is to describe the contractual requirements that Butler-Cohen Design+Build has indicated to myCOI. These contractual requirements should NOT be used to provide inaccurate information regarding current insurance policies. Questions regarding interpretation of this document can be directed to our support team at 317-759-9426.

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| <b>INSURED</b><br><span style="color: blue; font-weight: bold;">Subcontractor</span> | <b>CARRIER REQUIREMENTS</b><br><span style="color: blue; font-weight: bold;">A- or higher, VII</span> |
|--|---|

|                               | POLICY LINE  | POLICY LIMITS   |                         |             |          |       |          |                   |       |          |                 |         |  |               |            |  |              |      |  |                  |       |  |                   |  |  |                   |  |  |    |  |  |    |
|-------------------------------|--|---|-------------------------|-------------|----------|-------|----------|-------------------|-------|----------|-----------------|---------|--|---------------|------------|--|--------------|------|--|------------------|-------|--|-------------------|--|--|-------------------|--|--|----|--|--|----|
| <b>GENERAL LIABILITY</b>      | <input type="checkbox"/> CLAIMS MADE<br><input checked="" type="checkbox"/> OCCUR  | EACH OCCURRENCE \$ <span style="color: blue; font-weight: bold;">1,000,000</span><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$ <span style="color: blue; font-weight: bold;">1,000,000</span><br>GENERAL AGGREGATE \$ <span style="color: blue; font-weight: bold;">2,000,000</span><br>PRODUCTS - COMP/OP AGG \$ <span style="color: blue; font-weight: bold;">2,000,000</span><br>GEN'L AGGREGATE LIMIT APPLIES PER<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOCATION  |                         |             |          |       |          |                   |       |          |                 |         |  |               |            |  |              |      |  |                  |       |  |                   |  |  |                   |  |  |    |  |  |    |
|                               | <input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS | COMBINED SINGLE LIMIT (Ea accident) \$ <span style="color: blue; font-weight: bold;">1,000,000</span><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |                         |             |          |       |          |                   |       |          |                 |         |  |               |            |  |              |      |  |                  |       |  |                   |  |  |                   |  |  |    |  |  |    |
|                               | <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> Claims Made  | EACH OCCURRENCE \$ <span style="color: blue; font-weight: bold;">5,000,000</span><br>AGGREGATE \$   |                         |             |          |       |          |                   |       |          |                 |         |  |               |            |  |              |      |  |                  |       |  |                   |  |  |                   |  |  |    |  |  |    |
|                               | <b>WORKERS COMP /EMPLOYEE LIABILITY</b>  | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ <span style="color: blue; font-weight: bold;">1,000,000</span><br>E.L. DISEASE - EA EMPLOYEE \$ <span style="color: blue; font-weight: bold;">1,000,000</span><br>E.L. DISEASE - POLICY LIMIT \$ <span style="color: blue; font-weight: bold;">1,000,000</span>   |                         |             |          |       |          |                   |       |          |                 |         |  |               |            |  |              |      |  |                  |       |  |                   |  |  |                   |  |  |    |  |  |    |
|                               | <b>Property</b>  | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Property Causes of Loss</td> <td style="width: 30%; border-bottom: 1px solid black;">Deductibles</td> <td style="width: 40%; border-bottom: 1px solid black;">Building</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Basic</td> <td style="border-bottom: 1px solid black;">Building</td> <td style="border-bottom: 1px solid black;">Personal Property</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Broad</td> <td style="border-bottom: 1px solid black;">Contents</td> <td style="border-bottom: 1px solid black;">Business Income</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Special</td> <td></td> <td style="border-bottom: 1px solid black;">Extra Expense</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Earthquake</td> <td></td> <td style="border-bottom: 1px solid black;">Rental Value</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Wind</td> <td></td> <td style="border-bottom: 1px solid black;">Blanket Building</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Flood</td> <td></td> <td style="border-bottom: 1px solid black;">Blanket Pers Prop</td> </tr> <tr> <td></td> <td></td> <td style="border-bottom: 1px solid black;">Blanket BLDG &amp; PP</td> </tr> <tr> <td></td> <td></td> <td style="border-bottom: 1px solid black;">\$</td> </tr> <tr> <td></td> <td></td> <td style="border-bottom: 1px solid black;">\$</td> </tr> </table> | Property Causes of Loss | Deductibles | Building | Basic | Building | Personal Property | Broad | Contents | Business Income | Special |  | Extra Expense | Earthquake |  | Rental Value | Wind |  | Blanket Building | Flood |  | Blanket Pers Prop |  |  | Blanket BLDG & PP |  |  | \$ |  |  | \$ |
|                               | Property Causes of Loss  | Deductibles   | Building                |             |          |       |          |                   |       |          |                 |         |  |               |            |  |              |      |  |                  |       |  |                   |  |  |                   |  |  |    |  |  |    |
| Basic                         | Building   | Personal Property   |                         |             |          |       |          |                   |       |          |                 |         |  |               |            |  |              |      |  |                  |       |  |                   |  |  |                   |  |  |    |  |  |    |
| Broad                         | Contents   | Business Income   |                         |             |          |       |          |                   |       |          |                 |         |  |               |            |  |              |      |  |                  |       |  |                   |  |  |                   |  |  |    |  |  |    |
| Special                       |  | Extra Expense   |                         |             |          |       |          |                   |       |          |                 |         |  |               |            |  |              |      |  |                  |       |  |                   |  |  |                   |  |  |    |  |  |    |
| Earthquake                    |  | Rental Value  |                         |             |          |       |          |                   |       |          |                 |         |  |               |            |  |              |      |  |                  |       |  |                   |  |  |                   |  |  |    |  |  |    |
| Wind                          |  | Blanket Building  |                         |             |          |       |          |                   |       |          |                 |         |  |               |            |  |              |      |  |                  |       |  |                   |  |  |                   |  |  |    |  |  |    |
| Flood                         |  | Blanket Pers Prop   |                         |             |          |       |          |                   |       |          |                 |         |  |               |            |  |              |      |  |                  |       |  |                   |  |  |                   |  |  |    |  |  |    |
|                               |  | Blanket BLDG & PP   |                         |             |          |       |          |                   |       |          |                 |         |  |               |            |  |              |      |  |                  |       |  |                   |  |  |                   |  |  |    |  |  |    |
|                               |  | \$  |                         |             |          |       |          |                   |       |          |                 |         |  |               |            |  |              |      |  |                  |       |  |                   |  |  |                   |  |  |    |  |  |    |
|                               |  | \$  |                         |             |          |       |          |                   |       |          |                 |         |  |               |            |  |              |      |  |                  |       |  |                   |  |  |                   |  |  |    |  |  |    |
| <b>Boiler and Machine</b>     | <input type="checkbox"/> Boiler & Machinery /Equipment Break Down  | \$<br>\$  |                         |             |          |       |          |                   |       |          |                 |         |  |               |            |  |              |      |  |                  |       |  |                   |  |  |                   |  |  |    |  |  |    |
| <b>Professional Liability</b> | Professional Liability coverage should be on a claims-made basis.  | Each Occurrence: \$2,000,000 Aggregate: \$4,000,000   |                         |             |          |       |          |                   |       |          |                 |         |  |               |            |  |              |      |  |                  |       |  |                   |  |  |                   |  |  |    |  |  |    |

**Certification Holder**

Butler-Cohen LLC C/O: myCOI 1075 Broad Ripple Ave, Suite 313 Indianapolis, IN 46220

**ADDITIONAL REQUIREMENTS**

- Division Name: All Operations.  
- 30 Days Notice of Cancellation Required.  
- Pollution/Environmental and Rigger's Liability are Primary and Non-Contributory.

Pollution / Environmental  
- Insr Ltr - Occurrence - Policy Number - Effective Date - Expiration Date - Each Occurrence \$2,000,000 - Aggregate \$4,000,000.

Rigger's Liability  
- Insr Ltr - Policy Number - Effective Date - Expiration Date - Any One Rigging Project \$1,000,000 - Catastrophe Limit \$1,000,000.

General Liability

- Additional Insured applies to General Liability.
- Please confirm on the certificate or by uploading endorsement(s) that Waiver of Subrogation applies to this policy.
- Please confirm on the certificate or by uploading endorsement(s) that Primary & Non-Contributory applies to this policy.
- Please confirm on the certificate or by uploading endorsement(s) that Additional Insured applies to this policy.
- Additional Insured Names: Butler-Cohen, LLC; and any other party specified in written agreement,
- Please submit a complete redacted policy including declaration, schedules, and endorsements.

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Must include Additional Insured (AI) / Ongoing CG 20 10 04 13 or equivalent naming Butler-Cohen LLC.; and any other party specified in written agreement.

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Must include Additional Insured (AI) / Completed Operations CG 2037 04 13 or equivalent naming Butler-Cohen, LLC; and any other party specified in written agreement.

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Must include Waiver of Surogation (WOS) CG 24 04 05 09 or equivalent naming Butler-Cohen, LLC; and any other party specified in written agreement.

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Must include Primary & NonContributory (PNC) status or equivalent naming Butler-Cohen, LLC; and any other party specified in written agreement.

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Must include Project aggregate for contracted projects with Butler-Cohen, LLC.

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Notes: All endorsements / forms must be equivalent documents with no exclusions, limitations, or negligence and/or vicarious liability clauses.

- Review includes documenting but not limited to all non-standard exclusions, contractor limitations, territory, class code, industry specific exclusions, state laws, and amended defintitions.

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- Waiver of Subrogation applies in favor of:Butler-Cohen, LLC; and any other party specified in written agreement

### Automobile Liability

- Additional Insured applies to Automobile.
- Please confirm on the certificate or by uploading endorsement(s) that Waiver of Subrogation applies to this policy.
- Please confirm on the certificate or by uploading endorsement(s) that Primary & Non-Contributory applies to this policy.
- Please confirm on the certificate or by uploading endorsement(s) that Additional Insured applies to this policy.
- Additional Insured Names: Butler-Cohen, LLC; and any other party specified in written agreement,
- Please submit a complete redacted policy including declaration, schedules, and endorsements.

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Must include Additional Insured (AI) Designated person or organization CA 20 48 10 13 or equivalent naming Butler-Cohen LLC.; and any other party specified in written agreement.

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Must include Waiver of Subrogation (WOS) CA 04 44 10 13 or equivalent naming Butler-Cohen LLC.; and any other party specified in written agreement.

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Must provide Any Auto coverage including Hired & Nonowned Auto coverage.

- Waiver of Subrogation applies in favor of:Butler-Cohen, LLC; and any other party specified in written agreement

### Umbrella Excess Liability

- Defense in excess of limits.
- Additional Insured applies to Umbrella.
- Please confirm on the certificate or by uploading endorsement(s) that Waiver of Subrogation applies to this policy.
- Please confirm on the certificate or by uploading endorsement(s) that Primary & Non-Contributory applies to this policy.
- Please confirm on the certificate or by uploading endorsement(s) that Additional Insured applies to this policy.
- Additional Insured Names: Butler-Cohen, LLC; and any other party specified in written agreement,
- Please submit a complete redacted policy including declaration, schedules, and endorsements.

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Must include Additional Insured (AI) / Ongoing & Completed Operations "Follow Form" or equivalent naming Butler-Cohen LLC.; and any other party specified in written agreement.

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Must include Waiver of Surogation (WOS) "Follow Form" or equivalent naming Butler-Cohen, LLC; and any other party specified in written agreement.

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Must include Primary & NonContributory (PNC) status or equivalent naming Butler-Cohen, LLC; and any other party specified in written agreement.

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Note: ISO UL UMBRELLA FORM ISO CU 00 01 04 13 "FOLLOW FORM" SECTION II: WHO IS AN INSURED assumes ADDITIONAL INSURED per GL ENDORSEMENTS are treated as a "named insured", SECTION IV: CONDITIONS: WOS IS SILENT so the GL form applies, Item 5. EXCESS applies to all named insureds.

- Review includes documenting but not limited to all non-standard exclusions, contractor limitations, territory, class code, industry specific exclusions, state laws, and amended defintitions.

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- Waiver of Subrogation applies in favor of:Butler-Cohen, LLC; and any other party specified in written agreement

### Workers Compensation

- Please confirm on the certificate or by uploading endorsement(s) that Waiver of Subrogation applies to this policy.
- Please submit a complete redacted policy including declaration, schedules, and endorsements.

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3A or 3C must include Texas

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Must include Waiver of Surogation (WOS) CG 24 04 05 09 or equivalent naming Butler-Cohen, LLC; and any other party specified in written agreement.

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Note: This client does not allow Professional Employer Organizations (PEO) provided coverage for workers accessing the jobsite.

- Waiver of Subrogation applies in favor of:Butler-Cohen, LLC; and any other party specified in written agreement

### Professional Liability

- Please submit a complete redacted policy including declaration, schedules, and endorsements.

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For exception referral:

Confirm: Professional liability exposure is not applicable: Insured's usual operations do not include design / build / or certified analysis exposures.

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Note: We will accept Contractors Pollution / Professional Environmental policy.

- Waiver of Subrogation applies in favor of:Butler-Cohen, LLC; and any other party specified in written agreement

#### Environmental Pollution

- Please confirm on the certificate or by uploading endorsement(s) that Additional Insured applies to this policy.

- Additional Insured Names: Butler-Cohen, LLC; and any other party specified in written agreement,

- Please submit a complete redacted policy including declaration, schedules, and endorsements.

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For exception referral:

Confirm: Pollution Liability exposure is not applicable: Insured's usual operations do not include the use/removal of pollutants or pose environmental risks including but not limited to clean-up or accidental seepage.

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Note: We will accept Contractors Pollution / Professional Environmental policy.

- Waiver of Subrogation applies in favor of:Butler-Cohen, LLC; and any other party specified in written agreement

#### Riggers Liability

- Please confirm on the certificate or by uploading endorsement(s) that Additional Insured applies to this policy.

- Additional Insured Names: Butler-Cohen, LLC; and any other party specified in written agreement,

- Please submit a complete redacted policy including declaration, schedules, and endorsements.

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For exception referral:

Confirm: Usual operations do not include the use of cranes.

- Waiver of Subrogation applies in favor of:Butler-Cohen, LLC; and any other party specified in written agreement