



**Subcontractor Insurance Requirements
Certificate Holder
VCI Construction, LLC
1921 W. Eleventh Street, Upland CA 91786**

Provide this document to your insurance agent along with all samples of endorsements and COI to insure the certificate and endorsement will be issued properly.

(a) Subcontractor shall procure and maintain at its expense during the term of this Agreement the following policies, coverages and limits of liability in all states where Work is to be performed from an insurer (or insurers) with Bests Rating "A-VIII" or better and otherwise acceptable to the Contractor and licensed to do business in such state(s). The Contractor specifically reserves the right to reject coverage provided by certain insurance companies not acceptable to the Contractor. If the Primary Contract requires additional coverage or limits higher than those stated below, then the insurance requirements of the Primary Contract will apply:

(i) *Workers' Compensation and Employers Liability Insurance* with the following minimum limits of liability and coverage endorsements:

Workers Compensation - Coverage A - Statutory Coverage Employers Liability

- \$1,000,000 each accident
- \$1,000,000 each employee by disease
- \$1,000,000 policy limit by disease
- **Declaration Page**

If applicable, the policy shall be endorsed to contain the following coverage endorsements:

- United States Longshoreman's and Harbor Workers (USL&H) coverage endorsement
- waiver of subrogation where permitted by law
- alternate employer endorsement

(ii) *Commercial General Liability* with broad form coverage, which includes coverage for settlement, collapse, explosion, underground hazards, bodily injury and property damage, personal/advertising injury, contractual liability and product/completed operations, with the following minimum limits of liability and coverage endorsements:

- \$1,000,000 each occurrence

- \$2,000,000 general aggregate
- \$2,000,000 products/completed operations aggregate
- \$1,000,000 personal injury and advertising injury liability

The policy shall be endorsed to contain the following coverage endorsements:

- waiver of subrogation (CG 24 04 or an equivalent form)
- severability of interest (separation of insureds)
- Ongoing Operations 20 10 and Completed Operations 20 37 endorsement or acceptable Equivalent.
- **Schedule of Forms must be provided**

(iii) *Commercial Automobile Liability* with the following minimum limits of liability and coverage endorsements:

- \$1,000,000 each accident

The policy shall be endorsed to contain the following coverage endorsements:

- coverage must be included for owned, leased and non-owned vehicles (*an "any auto" policy*)
- waiver of subrogation
- severability of interest (separation of insureds to be included in the definition of "Insured")

(iv) *Professional Errors and Omissions (required for engineering and surveying companies waiver of subrogation endorsement required)*

- \$1,000,000.00 applicable aggregates

The policy must be identified and claims history provided to determine amounts remaining under the aggregate.

(b) The insurance limits set forth in this Exhibit may be satisfied by a combination of Primary and Umbrella or Excess Liability Policies. All policies (except the Workers' Compensation and Employers' Liability Policy) shall name (i) Contractor, its direct and indirect parent(s), subsidiary(ies) and affiliated companies, their respective officers, directors, stockholders, employees, and agents, and (ii) Owner, in each case as an Additional Insured. The General Liability and any Umbrella or Excess Liability policies shall utilize form CG 20 10 or an equivalent form (Additional Insured endorsement applicable to ongoing operations) and the current edition of form CG 20 37 or an equivalent form (Additional Insured endorsement applicable to completed operations). The policies shall be endorsed to provide coverage to these additional insureds on a

primary (non-contributory) basis without seeking contribution from any other insurance or self insurance available to the Additional Insured. If any Umbrella or Excess Liability Policies are used to satisfy the insurance requirements, they must be specifically endorsed to state that their coverage is primary and non-contributory to any insurance carried by the additional insured. This must be so stated on the certificate of insurance as required by (d) below.

(c) If any Work is to be conducted within fifty (50) feet of a railroad or railroad right of way, any exclusions relating to railroads must be deleted from both the exclusions section and the definition of an insured contract. Evidence that the exclusions have been deleted (attach form CG 24 17 or an equivalent form) must be provided to Contractor.

(d) Prior to commencement of any Work, Subcontractor shall furnish to Contractor insurance certificates in a form acceptable to Contractor evidencing compliance with the foregoing requirements and stating that the insurers will provide thirty (30) day written notice of cancellation or material alteration in any of the required policies of insurance. Copies of the Additional Insured endorsements shall be attached to the certificate of insurance. A copy of the schedule of forms from the General Liability policy must be attached to the certificate of insurance. The contractor reserves the right to reject any insurance coverage that contains forms or exclusions that are not acceptable to the contractor. All policies shall be written on an occurrence basis. If requested by Contractor, Subcontractor will provide Contractor with certified copies of the policies within thirty (30) days of the request. The provision of the foregoing insurance requirements shall be a condition precedent to any obligation of Contractor to make payment to Subcontractor.

(e) If any of the policies required by this Exhibit contain deductibles or self insured retentions, the deductibles or self insured retentions will be the sole responsibility of Subcontractor and coverage will apply to Contractor, Owner and all Additional Insureds, all as though the policies were written on a "first dollar" basis.

(f) If any Work is to be performed in a jurisdiction where Subcontractor is insured for workers compensation through an "assigned risk pool", the certificate provided to Contractor shall indicate that the coverage is provided through the "assigned risk pool".

(g) Contractor reserves the right to adjust insurance coverage requirement limits to comply with specific limits established from time to time by Owner.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE
(MM/DD/YY)

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. 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 Agency Name Address City, State Zip Code Ph (Area) 000-0000 Fax: (Area) 000-0000	CONTACT NAME: PHONE: _____ FAX: _____ EMAIL ADDRESS: _____											
	<table border="1"> <thead> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Name of Insuring Company/Carrier</td> <td>XXXX</td> </tr> <tr> <td>INSURER B: Name of Insuring Company/Carrier</td> <td>XXXX</td> </tr> <tr> <td>INSURER C: Name of Insuring Company/Carrier</td> <td>XXXX</td> </tr> <tr> <td>INSURER D: Name of Insuring Company/Carrier</td> <td>XXXX</td> </tr> <tr> <td>INSURER E: Name of Insuring Company/Carrier</td> <td>XXXX</td> </tr> </tbody> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Name of Insuring Company/Carrier	XXXX	INSURER B: Name of Insuring Company/Carrier	XXXX	INSURER C: Name of Insuring Company/Carrier	XXXX	INSURER D: Name of Insuring Company/Carrier	XXXX	INSURER E: Name of Insuring Company/Carrier
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INSURER D: Name of Insuring Company/Carrier	XXXX											
INSURER E: Name of Insuring Company/Carrier	XXXX											

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	Y	XXXXXXXXXX	00/00/00	00/00/00	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED. EXPENSE (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	XXXXXXXXXX	00/00/00	00/00/00	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
C	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	Y	Y	XXXXXXXXXX	00/00/00	00/00/00	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	N/A	Y	XXXXXXXXXX	00/00/00	00/00/00	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	OTHER						PER INCIDENT \$ AGGREGATE \$

Must indicate Any Auto OR All Owned Autos, Hired Autos, and Non-owned autos

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 VCI Construction, LLC, their parents, subsidiaries, affiliated companies, respective officers, directors, stockholders, employees and agents and Project Owner are endorsed as additional insureds on the GL and Auto policy. [Copy of additional insured endorsement attached] Other certificate conditions: Waiver of Subrogation, Severability of Interest, Primary/Non Contributory, 30 Day Notice of Cancellation, Contractual Liability coverage is included in the General Liability and Auto Liability policies. Note for agents: (the following is not required to show on the COI & is information only) GL & Auto additional insured endorsements must be attached and GL must include ongoing & completed operations (CG 20 10 & CG 20 37 or approved equivalent forms approved by VCI for the GL policy & CA 20 48 02 99 or coverage form CA 0001 or 79001 or equivalent for the Auto additional insured. The "project" box for the GL aggregate limit MUST be marked as well as the WC statutory Limits box regardless of EL limits.
 * ADDITIONAL INSURED STATUS INCLUDED UNDER THE UMBRELLA LIABILITY ON A PRIMARY AND NON-CONTRIBUTORY BASIS.

CERTIFICATE HOLDER: X VCI Construction, LLC 1921 W Eleventh Street Upland, CA 91786	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 CERTIFICATE MUST BE SIGNED (TYPED NAMES ONLY NOT ACCEPTED)
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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
 PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
As required by written contract or written agreement <div style="text-align: center;">SAMPLE</div>	All Locations for All Work Performed for the Additional Insured
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" 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".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

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)	Location(s) Of Covered Operations
As required by written contract or written agreement SAMPLE	All Locations for All Work Performed for the Additional Insured
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.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

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.

C. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
 - 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

EXAMPLE # 1

DECLARATIONS - GENERAL LIABILITY POLICY Page 4

POLICY IDENTIFICATION

FORMS AND ENDORSEMENTS (Page 1 of 1)

FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY AT INCEPTION

SCHEDULE OF COVERAGE

ILP0010104	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
IL00171198	Common Policy Conditions
CG00010413	Commercial General Liability Coverage Form
AI15S54	Notice To Pennsylvania Property and Casualty Insurance Policyholders

SCHEDULE OF FORMS AND ENDORSEMENTS

Endt. No.	Form No.	Description
1.	LD2G44a	Amendment of Conditions
2.	CG02241093	Earlier Notice Of Cancellation Provided By Us
3.	CG22790413	Exclusion - Contractors - Professional Liability
4.	CG24171001	Contractual Liability - Railroads
5.	LD6U73b0701	Deductible Endorsement - With Aggregate (Alae Included In Deductible)
6.	LD26419a 1009	Designated Construction Project(s) General Aggregate Limit
7.	LD281621009	Designated Location(s) - General Aggregate Limit
8.	LD9863A	Employee Benefits Liability Endorsement
9.	CG21471207	Employment-Related Practices Exclusion
10.	LD200350206	Excess Wrap-Up and Joint Venture Coverage Endorsement
11.	LD3R16	Exclusion - Asbestos
12.	LD4S35	Exclusion - Lead
13.	CG21861204	Exclusion - Exterior Insulation and Finish Systems
14.	LD12986	Fellow Employee Coverage - Specified Employees Only
15.	LD24675	Fire, Explosion, Smoke, Water Damage and Sprinkler Leakage Legal Liability
16.	CG21671204	Fungi or Bacteria Exclusion
17.	CG22741001	Limited Contractual Liability Coverage For Personal and Advertising Injury

This declaration and the coverage form(s) and endorsements, if any, listed above and attached, completes this policy.

COUNTERSIGNED AT: _____

AUTHORIZED AGENT: _____

DATE: _____

AA 067266a

SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

Endt. No.	Form No.	Description
18.	LD20283	Amendment Of Duties In The Event Of Occurrence
19.	LD5T98	Nonowned Watercraft Exception
20.	ALL18057030 5	Notification of Premium Adjustment
21.	ALL32685011 1	Notice To Others Endorsement-Schedule-Email Only
22.	IL00210908	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
23.	CG00680509	Recording And Distribution Of Material Or Information In Violation Of Law Exclusion
24.	LD12992a- 0804	Schedule of Named Insureds
25.	CG24040509	Waiver Of Transfer Of Rights Of Recovery Against Others To Us
26.	CG20100413	Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization
27.	CG20370413	Additional Insured - Owners, Lessees or Contractors - Completed Operations
28.	CG20110413	Additional Insured - Managers or Lessors of Premises
29.	CG20120413	Additional Insured - State or Governmental Agency or Subdivision or Political Subdivision - Permits or Authorizations
30.	CG20180413	Additional Insured - Mortgagee, Assignee or Receiver
31.	CG20340413	Additional Insured - Lessor of Leased Equipment - Automatic Status When Required In Lease Agreement With You
32.	LD20287	Non-Contributory Endorsement For Additional Insureds
33.	ALL21101	Trade or Economic Sanctions Endorsement
34.	CG26201093	New Jersey Changes - Loss Information
35.	IL02080907	New Jersey Changes - Cancellation and Nonrenewal
36.	IL01410908	New Jersey Changes - Civil Union
37.	IL02460907	Pennsylvania Changes - Cancellation and Nonrenewal
38.	IL01200511	Pennsylvania Changes - Defense Costs
39.	IL09850108	Disclosure Pursuant To Terrorism Risk Insurance Act

Authorized Agent

SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
Issued By (Name of Insurance Company)			
F			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

Endt. No.	Form No.	Description
40.	CG21700108	Cap On Losses From Certified Acts of Terrorism
41.	CG21760108	Exclusion of Punitive Damages Related To A Certified Act of Terrorism
42.	CC1K11g0111	Signatures

Authorized Agent

EXAMPLE # 2

Policy Number

SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

COMMON POLICY FORMS AND ENDORSEMENTS

U-GU-767-A CW	01-08	CAP ON LOSSES FROM CERTIFIED ACTS OF TER
U-GU-630-C	12-07	DISCLOSURE OF IMPORTANT INFO REL TO TRIA
U-GU-D-310-A	01-93	COMMON POLICY DECLARATIONS
U-GU-773-A	04-08	FL-DISCLOSURE IMPORTANT INFO REL TO TRIA
ZITAXFORM	12-08	KENTUCKY MUNICIPAL TAX SCHEDULE
U-GU-619-A CW	10-02	SCHEDULE OF FORMS AND ENDORSEMENTS
U-GU-319-F	01-09	IMPORTANT NOTICE - IN WITNESS CLAUSE
U-GU-621-A CW	10-02	SCHEDULE OF NAMED INSURED(S)
U-GU-406-A	07-94	INSTALLMENT PREMIUM SCHEDULE
IL 00 17	11-98	COMMON POLICY CONDITIONS
IL 00 21	09-08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
IL 01 20	10-13	PENNSYLVANIA CHANGES - DEFENSE COST
IL 01 38	11-11	VIRGINIA CHANGES
IL 01 61	03-12	RHODE ISLAND CHANGES - CIVIL UNION
IL 02 34	09-08	NORTH DAKOTA CHANGES-CANC & NONREN
IL 02 37	04-12	DELAWARE CHANGES-TERMINATION PROVISIONS
IL 02 46	09-07	PENNSYLVANIA CHANGES-CANC & NONREN
IL 02 77	03-12	LOUISIANA CHANGES-CANC & NONREN
IL 00 03	09-08	CALCULATION OF PREMIUM
IL 09 10	07-02	PENNSYLVANIA NOTICE
U-GU-D-639-A CW	07-07	COMBINED AGGREGATE DEDUCTIBLE SCHEDULE

GENERAL LIABILITY FORMS AND ENDORSEMENTS

U-GL-1344-C CW	06-11	RESULTING DAMAGE TO YOUR WORK
U-GL-1387-B CW	05-10	NOTIFI TO OTHERS OF CANC OR NONRENEW
U-GL-1446-A CW	05-10	NOTIFICATION TO OTHERS OF CANCELLATION
U-GL-1447-A CW	05-10	NOTIF TO OTHERS OF CANC NONR OR REDUCT
U-GL-1517-B CW	04-13	COLLECTN OR DISTRB OF MATRL OR INFO EXCL
U-GL-849-B CW	08-04	EMPLOYEE BENEFITS LIABILITY-CLAIMS MADE
U-GL-878-A CW	12-96	EXTENDED REPORTING PERIOD-AMENDATORY
U-GL-915-C CW	08-04	FELLOW EMPLOYEE COVERAGE ENDORSEMENT
U-GL-917-C CW	08-04	INCIDENTAL MEDICAL MALPRATICICE COV ENDT
U-GL-925-B CW	12-01	WAIVER OF SUBROGATION (BLANKET) ENDT.
U-GL-D-1115-B CW	09-04	COMMERCIAL GL COVERAGE PART DECLARATIONS
U-GL-D-849-B CW	09-04	EMPLOYEE BENEFITS LIAB DEC - CLAIMS MADE
U-GL-1378-A CW	03-09	LIMITED COVERAGE/BLANKET WRAP-UP
CG 00 01	04-13	COMMERCIAL GENERAL LIABILITY COV FORM
U-GL-1114-A CW	10-02	CONTRACTORS LIABILITY ENDORSEMENT
U-GL-1114-A CW	10-02	COMPOSITE RATE UNIT OF EXPOSURE
U-GL-1114-A CW	10-02	BROAD FORM NAMED INSURED
UGL1171ACW	07-03	FUNGI OR BACTERIA EXCLUSION
U-GL-1267-A IL	05-06	ILLINOIS EXCL OF WAIVER OF KOTECKI CAP
U-GL-1321-D CW	04-13	BROAD FORM ADD INS-OWNR, LESSEE, CONTR-SCH
U-GL-1336-B CW	10-07	COMBINED AGGREGATE DEDUCTIBLE
U-GL-1340-A CW	02-08	IN REM
U-GL-1342-A CW	10-07	LEAD LIABILITY EXCLUSION
U-GL-1178ACW	07-03	ASBESTOS EXCLUSION ENDORSEMENT
U-GL-872-B CW	04-09	PREMIUM & REPORTS AGREEMENT-COMP RATED
CG 01 79	07-10	VIRGINIA CHANGES
CG 02 20	03-12	FL CHANGES - CANCELLATION & NONRENEWAL
CG 04 41	03-11	STOP GAP - EMPLOYERS LIAB COV ENDT-OHIO
CG 32 98	07-10	VA EMPLOYEE BENEFITS LIAB

Policy Number

SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

CG 33 89	05-13	KY CHGS-YOUR RIGHT TO CLAIM INFORMATION
U-GL-1464-B HI	09-10	EXPANDED OCCURRENCE DEFINITION-HAWAII
UGL850ACW	07-96	DEDUCTIBLE ENDORSEMENT CLAIMS-MADE
U-GL-916-B CW	08-08	FOREIGN COVERAGE - WORLDWIDE
CG 02 24	10-93	EARLIER NOTICE OF CANCELLATION PROVIDED BY US
CG 04 37	12-04	ELECTRONIC DATA LIABILITY ENDORSEMENT
CG 20 11	04-13	ADDL INSD-MANAGERS/LESSORS OF PREMISES
CG 20 12	04-13	ADDL INS-ST, GOV AGY, SUB, POL SUB-PERM
CG 20 26	04-13	ADDL INSD-DESIGNATED PERSON/ORGANIZATION
CG 20 34	04-13	ADDL INSD-LESSOR OF LEASED EQUI
CG 21 34	01-87	EXCLUSION - DESIGNATED WORK
CG 21 47	12-07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 53	01-96	EXCL-DESIGNATED ONGOING OPERATIONS
CG 21 86	12-04	EXCL-EXTERIOR INSULATION & FINISH SYSTEM
CG 22 79	04-13	EXCL-CONTRACTORS-PROF LIAB
CG 24 12	11-85	BOATS
CG 24 17	10-01	CONTRACTUAL LIABILITY - RAILROADS
CG 25 03	05-09	DESIGNATED CONSTRUCTION PROJECTS GENERAL
CG 25 04	05-09	DESIGNATED LOCATIONS GENERAL AGGREGATE
CG 26 97	03-06	ALASKA WAR LIABILITY EXCLUSION
U-GL-1274	05-05	STOPGAP EMPLOYER LIABILITY COVERAGE
U-GL-274-C	12-04	STOP GAP EMPLOYERS LIABILITY COVERAGE

EXAMPLE # 3

Inventory Coverage Forms/Parts, Endorsements, Enclosures

COVERAGE FORMS/PARTS, ENDORSEMENTS AND ENCLOSURES FORMING A PART OF THIS POLICY AT INCEPTION:

Form Number/Edition Date Title

COMMON POLICY FORMS

LIL 90 02 01 12	All Lines Policy Cover
LC 00 04 08 12	COMMERCIAL GENERAL LIABILITY DECLARATIONS
LCS 00 01 05 12	DECLARATIONS EXTENSION SCHEDULE - CLASSIFICATION DESCRIPTIONS
LCS 00 02 05 12	DECLARATIONS EXTENSION SCHEDULE
LIS 00 01 05 12	Crime/General Liability/Inland Marine Schedule
IC 00 42 07 09	Inventory Coverage Forms/Parts, Endorsements, Enclosures
IL 00 17 11 98	Common Policy Conditions
IL 02 46 09 07	Pennsylvania Changes - Cancellation And Nonrenewal
IL 09 10 07 02	Pennsylvania Notice

COMMERCIAL GENERAL LIABILITY

CG 00 01 12 07	Commercial General Liability Coverage Form
Named Insured	
LN 99 05 07 05	Broad Form Named Insured Endorsement
Deductible	
LC 03 02 06 05	Deductible - Damages and Supplementary Payments
Composite Rate	
LC 99 12 06 05	Composite Rate Endorsement
Coverage Endorsement(s)	
CG 02 24 10 93	Earlier Notice of Cancellation Provided By Us
CG 24 04 05 09	Waiver of Transfer of Rights to Recovery Against Others to Us
CG 24 12 11 85	Boats Endorsement
CG 24 17 10 01	Contractual Liability - Railroads
CG 25 03 05 09	Designated Construction Project(s) General Aggregate Limit
CG 25 04 05 09	Designated Location(s) General Aggregate Limit
LC 04 01 06 05	Reasonable Force

Form Number/Edition Date	Title
LC 04 04 06 05	Bodily Injury to Co-Employees Coverage
LC 25 13 08 08	Non-Cumulation of Liability (Same Occurrence)
LC 29 01 06 05	Coverage Territory Redefined
LC 29 06 08 08	Personal and Advertising Injury - Occurrence Redefined
LC 99 03 06 07	Unintentional Failure to Disclose
LN 04 05 06 05	Broadened Damage to Premises Rented to You Coverage
LN 24 02 06 05	Excess Provision - Consolidated (Wrap-Up) Insurance Program
LN 99 04 06 05	Premium Responsibility Endorsement
LD 02 07 07 11	Earlier Notice of Cancellation or Non-Renewal Provided by Us - Designated Entity
LIM 99 02 08 11	Notice of Cancellation to Third Parties
LC 04 02 10 11	Professional Health Care Services by Employees or Volunteer Workers Coverage
LC 29 09 10 11	Bodily Injury Redefined
CG 24 24 10 01	Amendment of Coverage Territory - Worldwide Coverage With Specified Exceptions
LC 22 02 08 09	Joint Defense Endorsement
LC 29 08 10 11	Advertisement Redefined
LC 99 01 02 13	Notice of Occurrence Offense or Injury
LC 99 02 02 13	Knowledge of Occurrence or Offense
Additional Insured(s)	
CG 20 10 07 04	Additional Insured - Owners, Lessees or Contractors- Scheduled Person or Organization
CG 20 11 01 96	Additional Insured - Managers Or Lessors Of Premises
CG 20 12 05 09	Additional Insured - State or Governmental Agency or Subdivision Or Political Subdivision - Permits or Authorizations
CG 20 34 07 04	Additional Insured - Lessor Of Leased Equipment - Automatic Status When Required In Lease Agreement With You
CG 20 37 07 04	Additional Insured - Owners, Lessees or Contractors - Completed Operations
LN 20 03 06 05	Blanket Additional Insured - Contractors
TRIA Exclusion(s)	
CG 21 73 01 08	Exclusion of Certified Acts of Terrorism
CG 26 88 01 08	Alaska Exclusion of Certified Acts of Terrorism
Other Exclusion(s)	
CG 00 68 05 09	Recording and Distribution of Material or Information in Violation of Law Exclusion
CG 21 47 12 07	Employment-Related Practices Exclusion
CG 21 49 09 99	Total Pollution Exclusion Endorsement
CG 22 43 07 98	Exclusion - Engineers, Architects Or Surveyors Professional Liability
IL 00 21 09 08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
LC 21 01 06 05	Asbestos Exclusion Endorsement
LC 21 02 06 05	Silica Exclusion Endorsement
LC 21 04 06 05	Discrimination Exclusion

Form Number/Edition Date	Title
LC 21 39 06 07	Radioactive Matter Exclusion
LN 21 01 06 05	Mold and Mold Related Construction Defect Exclusion
LC 24 10 10 11	Contractual Liability Exclusion Amended

State Mandatory

IL 01 20 05 11	Pennsylvania Changes - Defense Costs
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NOTICE(S) TO POLICYHOLDER

EN 90 48 07 09	Disclosure - Terrorism Risk Insurance Act
ST 90 10 02 92	New Jersey Property - Liability Insurance Guaranty Association Surcharge