



Certificate of Insurance Request

Dear Subcontractor,

As subcontractor or supplier, we are requesting you provide, via e-mail to coi@elliottlewis.com, a current Certificate of Insurance with the following minimum coverage and limits as set forth in Article 2.1 and 10 of our Master Service Agreement (Attached hereto for your convenience).

Certificate Holder:

Elliott-Lewis Corporation
2900 Black Lake Place
Philadelphia, PA 19154

1) General Liability

- a) Occurrence based coverage with a per project aggregate
- b) \$1,000,000 Per Occurrence
- c) \$300,000 Damage to Rented Premises
- d) \$10,000 Medical Expenses
- e) \$1,000,000 Personal & Advertising Injury
- f) \$2,000,000 General Aggregate
- g) \$2,000,000 Products & Completed Operations Aggregate
- h) Name the Elliott-Lewis Corporation, the Owner and any designated Additional Insureds on a Primary, Non-Contributory Basis. *(Endorsement needed.)*
- i) Waiver of subrogation in favor of Elliott-Lewis Corporation. *(Endorsement needed.)*

2) Auto Liability

- a) Coverage Applies to Any Auto
- b) \$1,000,000 Combined Single Limit
- c) Name the Elliott-Lewis Corporation, the Owner and any designated Additional Insureds on a Primary, Non-Contributory Basis. *(Endorsement needed.)*
- d) Waiver of subrogation in favor of Elliott-Lewis Corporation. *(Endorsement needed.)*

3) Umbrella Liability

- a) \$10,000,000 Each Occurrence and Aggregate
- b) Name the Elliott-Lewis., the Owner and any designated Additional Insureds on a Primary, Non-Contributory Basis. *(Endorsement needed.)*
- c) Waiver of subrogation in favor of Elliott-Lewis Corporation. *(Endorsement needed.)*

4) Workers Compensation

- a) Statutory limits
- b) \$500,000/\$500,000/\$500,000 employers' liability limits
- c) Waiver of subrogation in favor of Elliott-Lewis Corporation. *(Endorsement needed.)*

- 5) **Wording on the Certificate:** Elliott-Lewis Corporation, Customer, and Owner and each of their respective officers, directors, shareholders, employees, agents, affiliated entities and all others named in the prime contract are included as additional insureds on all policies with the exception of Workers Compensation on a primary non-contributory basis as required by written contract. Customer and Elliott-Lewis will be noted as Loss Payees as respects the Employee Dishonesty (client's Property) coverage. Umbrella/Excess liability coverage follows form to the General Liability, Automobile Liability and Employer Liability coverages. Waiver of subrogation applies in favor of all additional insureds on all policies as required by written contract and where permitted by law. No coverage will be canceled, non-renewed, reduced or materially changed without thirty (30) days written notice to the additional insureds.

We sincerely appreciate your assistance in providing a current Certificate of Insurance in a timely manner.

A Response You Can Depend On!

Corporate Offices

2900 Black Lake Place
Philadelphia, PA 19154
P 215.698.4000 • F 215.698.4436

North Jersey

53 South Jefferson Rd., Unit K
Whippany, NJ 07981
P 973.285.0900 • F 973.285.0064

Lehigh Valley

7283 Airport Road
Bath, PA 18014
P 610.759.8855 • F 610.759.5446

AA Duckett

134 Maple Leaf Court
Glassboro, NJ 08028
P 856.863.1919 • F 856.863.1122