

TW Ridley, LLC
609 Charles Street
Billings, MT 59101

CANCELLATION:

TW Ridley, LLC is to be given a minimum of 30 days written notice of cancellation.

TW Ridley, LLC 609 Charles Street, Billings, MT 59101 Tel 406.545.0826 Fax 406.371.5791

TW Ridley, LLC

INSURANCE COMPLIANCE STATEMENT

Subcontractor Name: _____

Subcontractor Phone: _____ Subcontractor Fax: _____

Project: **Project Name** _____

SECTION BELOW TO BE COMPLETED BY YOUR INSURANCE AGENT

INTRODUCTION

The purpose of this document (Subcontractor Insurance Compliance Statement) is to confirm that the insurance requirements contained in our Subcontract Agreement with your company are provided for our mutual protection. Certificates of Insurance forms typically used by the insurance industry are inadequate, given the number of restrictive endorsements currently used by the insurance industry and not notated on the certificates. This document supplements the Certificate of Insurance and **must be completed and signed by your insurance agent** for our mutual benefit. Please have your agent email a copy of this Statement with your initial Certificate of Insurance to accountspayable@twridley.com or fax to 406.371.5791. We will require this Statement once per policy period, per project.

Are any of the following restrictive endorsements or exclusions on your Commercial General Liability or Umbrella policy?

- | | | | | | |
|----|---|-----|--------------------------|----|--------------------------|
| 1. | Residential, multi-family, or apartments exclusion? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. | Condominium Exclusion? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. | Subsidence or earth movement exclusion | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. | Exterior Insulation and Finish System (EIFS exclusion)
(Required if any EIFS related work is done) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. | Mold, Fungus, Asbestos or Pollution exclusion
(Required if any Pollution related work is done "NOT" Excluding Mold) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. | Damage to your work performed by subcontractor exclusion (i.e. CG2294 or CG2295)
(Required if you hire any subcontractors) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. | Professional Liability
(Required if professional services provided) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Please Confirm that the following items are included:

- | | | | | | |
|-----|--|-----|--------------------------|----|--------------------------|
| 8. | Additional Insured Status to include products and completed operations exposures | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9. | Additional Insured coverage applies as primary non-contributory insurance with respect to any other insurance afforded to Owner/Contractor | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 10. | Waiver of Subrogation in favor of owner/contractor | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 11. | Deductible on General Liability | \$ | _____ | | |
| 12. | Self-insured retention amount on Umbrella/Excess | \$ | _____ | | |
| 13. | A.M. Best Rating of A-7 or better | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Signature of Agent: _____

 Agent Name (Print)

 Date

 Agency

 TW Ridley, LLC 609 Charles Street, Billings, MT 59101 Tel 406.545.0826 Fax 406.371.5791
 Agency's Phone Number

Agency's Mailing Address

Agency's Fax Number



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/30/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY 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 ABC Insurance Company	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A :	Insurance Company #####
	INSURER B :	Insurance Company #####
INSURED 123 Company	INSURER C :	Insurance Company #####
	INSURER D :	Insurance Company #####
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 11/12 SAMPLE CERT** **REVISION NUMBER:**

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.

INS R LTR	TYPE OF INSURANCE	AD DL INS R	SU BR WW D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			NOTE DEDUCTIBLE AMOUNT			EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				MED EXP (Any one person)	\$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000	
	POLICY PROJECT	<input checked="" type="checkbox"/>					GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO		<input checked="" type="checkbox"/>				BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS HIRED AUTOS						BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE	\$ 1,000,000	
			<input checked="" type="checkbox"/>				AGGREGATE	\$ 1,000,000	
	DED			RETENTION \$				\$	
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	<input checked="" type="checkbox"/>	OTHER
	<input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y /	N / A				E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	

E	PROFESSIONAL LIABILITY IF APPLICABLE	\$1,000,000 EACH OCCURRENCE \$2,000,000 AGGREGATE
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Re: **PROJECT NAME**
 TW Ridley, LLC, **OWNER, DESIGN FIRM** and others as required by written contract are named additional insureds for Ongoing and Completed Operations per form (name form #) attached. Primary Non-Contributory applies per form (name form #) attached. Waiver of Subrogation applies per form (name form #) attached, and Per Project Aggregate applies.

CERTIFICATE HOLDER	CANCELLATION
TW Ridley, LLC 609 Charles Street Billings, MT 59101	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

