



EXHIBIT F
INSURANCE REQUIREMENTS FOR SUBCONTRACTORS
PROJECT SAMPLE, SAMPLE, FL 99999

In accordance with Article 10 of the Moss & Associates, LLC Standard Subcontract, Subcontractor is required to obtain and maintain the following insurance coverage from an Insurance Company rated no lower than A- by A.M. Best for the duration of the specified project plus an additional three (3) years after completion of the project. Prime Subcontractor shall require their subcontractors of any tier to obtain and maintain equivalent insurance coverage, including but not limited to Additional Insured and Waiver of Subrogation provisions as detailed below. Subcontractor is required to notify Moss & Associates within thirty (30) days of any cancellation, non-renewal, or material modification of the coverage required herein.

Commercial General Liability

- Minimum Limits of Liability

\$1,000,000	Per Occurrence
\$2,000,000	General Aggregate
\$2,000,000	Products – Completed Operations Aggregate
- Per Project Aggregate
- Coverage must be provided for on-site and off-site operations
- Moss & Associates, LLC and all parties required by written contract to be named as Additional Insureds on ISO form CG2010 (07/04) **AND** CG2037 (07/04) **OR** equivalent (**attach endorsement(s) to certificate**)
- Coverage to be primary and non-contributory to other insurance available to Additional Insureds
- Waiver of Subrogation in favor of all Additional Insureds to apply

Commercial Automobile Liability

- Minimum Limits of Liability

\$1,000,000	Combined Single Limit
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- Coverage must be provided for on-site and off-site operations
- Coverage must be provided for all owned, hired, and non-owned automobiles used in connection with your work
- Moss & Associates, LLC and all parties required by written contract to be named as Additional Insureds
- Coverage to be primary to other insurance available to Additional Insureds
- Waiver of Subrogation in favor of all Additional Insureds to apply

Workers Compensation & Employer's Liability

- Minimum Limits of Liability

Statutory	Workers Compensation
\$1,000,000	Employer's Liability – Each Accident
\$1,000,000	Employer's Liability – Each Employee
\$1,000,000	Employer's Liability – Policy Limit
- Coverage must be provided for on-site and off-site operations
- Waiver of Subrogation in favor of all Additional Insureds to apply

Commercial Excess / Umbrella Liability

- Minimum Limits of Liability

\$5,000,000	Per Occurrence
\$5,000,000	Aggregate
- Coverage must be provided for on-site and off-site operations
- Excess / Umbrella Liability policy shall be no more restrictive than coverage provided by underlying policies
- Moss & Associates, LLC and all parties required by written contract to be named as Additional Insureds
- Coverage to be primary and non-contributory to other insurance available to Additional Insureds
- Waiver of Subrogation in favor of all Additional Insureds to apply

Professional Liability (required for contractors providing design or professional services)

- Minimum Limits of Liability

\$2,000,000	Per Occurrence
\$2,000,000	Aggregate
- Waiver of Subrogation in favor of all Additional Insureds to apply



Pollution Liability (required for contractors with potential exposure to hazardous substances)

- Minimum Limits of Liability
 - \$2,000,000 Per Occurrence
 - \$2,000,000 Aggregate
- Waiver of Subrogation in favor of all Additional Insureds to apply
- Moss & Associates, LLC and all parties required by written contract to be named as Additional Insureds
- Coverage to be primary and non-contributory to other insurance available to Additional Insureds



EXHIBIT F

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
xx/xx/xxxx

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 Agent's Name Agent's Address	CONTACT NAME: PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Subcontractor's Name Subcontractor's Address	INSURER A:	Insurance Carrier XXXXXX
	INSURER B:	Insurance Carrier XXXXXX
	INSURER C:	Insurance Carrier XXXXXX
	INSURER D:	Insurance Carrier XXXXXX
	INSURER E:	
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****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.

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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PROJECT: SAMPLE, SAMPLE, FL 99999

It is agreed that Moss & Associates, LLC and all parties required by written contract are named as Additional Insureds as respects General Liability, Auto Liability, and Excess Liability as required by written contract with the Named Insured. Waivers of Subrogation in favor of Additional Insureds applies to all policies.

CERTIFICATE HOLDER**CANCELLATION**

Moss & Associates, LLC 2101 N. Andrews Ave. Fort Lauderdale, FL 33311	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 Agent's Signature

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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
<p>Moss & Associates, LLC All Parties Required by Written Contract</p>	<p>Sample Project 111 Sample St. Sample, FL 99999</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

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.

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.

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

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
<p>Moss & Associates, LLC All Parties Required by Written Contract</p>	<p>Sample Project 111 Sample St. Sample, FL 99999</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

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".