

EXHIBIT "E"
INSURANCE REQUIREMENTS

Insurance Requirements (To Be Represented on the Submitted Certificate of Insurance)

All Subcontractors and supplier/installers must provide a Certificate of Insurance using a CG 20 10 11 85 endorsements (or a blanket equivalent) that complies with the following requirements:

- I. **Insurance Company** - The company affording coverage must be rated an A- or above according to the *Best Key Rating Guide*®.
- II. **Insured** - The name that appears on the certificate must designate the same party that is represented on this signed Subcontract Agreement.
- III. **Policy Period** - The policy must not be expired at any time within the scope of work specified in this Subcontract Agreement. Renewal certificates will be requested thirty days prior to the expiration date of the existing certificate, and are required to be received prior to said date.
- IV. **General Liability** - The following items must be marked: 1) *Commercial General Liability*, 2) *Occurrence based*, 3) *Washington Stop Gap*.
 - a. **Limits** - Subcontractors are responsible for carrying coverage as detailed here as well as in the prior section "V" regarding insurance.
 - *General Aggregate* must show \$2,000,000
 - *Products-Comp/Op Aggregate* must show \$2,000,000
 - *Personal & Adv. Injury* must show \$1,000,000
 - *Each Occurrence* must show \$1,000,000
- V. **Automobile Liability** - Comprehensive auto insurance is required. *Any auto* must be indicated on the certificate in order to reflect that the insured has coverage for any and all vehicles used in relation to the scope of work.
 - a. **Limits** - Limits must reflect the amounts required by this Subcontract Agreement.
 - *Combined Single Limit* must be set for a minimum of \$1,000,000
- VI. **Description of Operations** - Must denote the Certificate Holder as an Additional Insured and cite the relevant project. (Please ensure that the Additional Insured Endorsement is attached to the certificates when submitted.)
- VII. **Additional Insured Requirements** – List as Additional Insured the following parties:

Owner: Low Income Housing Institute

Other(s): _____
- VIII. **Certificate Holder** - This must specify the proper Owner as identified in this Subcontract Agreement.
- IX. **Cancellation** - It is the Low Income Housing Institute's policy to require that written notice of insurance cancellation be issued to Compass at least thirty days in advance of the policy's expiration. The words "endeavor to" and "but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives," are requested to be deleted or struck out.