UPDATED APPENDIX G - CERTIFICATE OF INSURANCE COVERAGE
(TO BE SUBMITTED WITH SOLICITATION)
RFQ # 091426TW
MSCS Building Systems and Building Envelope Commissioning Authority

VENDOR NAME: _____

ADDRESS: _____

_____

NAME OF SURETY: (TYPE OR PRINT) _____

NAME OF AGENT: (TYPE OR PRINT) _____

AGENT'S PHONE NO: _____

The below signed hereby certifies that the following information is true and correct. [Please note there may be other minimum coverage requirements based on the specifics of the project.

TYPE OF COVERAGE	MINIMUM REQUIRED LIMITS	POLICY OR BINDER NUMBER	ACTUAL LIMITS PROVIDED	EXPIRATION DATE
Workers Compensation	$100,000 Each Accident $500,000 Disease-Policy Limit $100,000 Disease-Each Employee			
Automobile Liability	$1,000,000 Each Occurrence/Aggregate			
Commercial General Liability	$2,000,000 General Aggregate $2,000,000 Products-Completed Operations $1,000,000 Personal & Advertising Injury $1,000,000 Each Occurrence $50,000 Fire Damage-any one fire $5,000 Medical Expense-any one person			
Professional Liability	$2,000,000 Each Claim/Aggregate $1,000,000 Each Wrongful Act, Error and/or Omission			
Umbrella Liability	$5,000,000 Each Occurrence/Aggregate			

( ) LIMITS ON ABOVE POLICY WILL BE INCREASED ( ) ABOVE POLICY NOW IN EFFECT

( ) POLICY WILL BE OBTAINED/ISSUED ON_____