

MINIMUM REQUIREMENTS

Please forward the minimum requirements below to your insurance agent so you can become an approved vendor for Cook Group Incorporated.

GENERAL LIABILITY	
COVERAGE	REQUIRED LIMIT
Each Occurrence	\$1,000,000
Personal & Adv Injury	\$1,000,000
General Aggregate	\$2,000,000
Product – Comp/Op Aggregate	\$2,000,000

AUTOMOBILE LIABILITY	
COVERAGE	REQUIRED LIMIT
All Owned, Hired and Non-Owned Autos	
Combined Single Limit	\$1,000,000

UMBRELLA LIABILITY	
COVERAGE	REQUIRED LIMIT
Each Occurrence	Provide current limits. Cook will review and advise of any changes if applicable.
General Aggregate	
Umbrella Liability in excess of the underlying coverages (General, Product, Auto and Employers Liability) above having coverage which are at least as broad as the primary insurance coverage and the terms of the primary liability and excess (umbrella) liability policies are concurrent.	

WORKERS COMPENSATION/EMPLOYER LIABILITY	
COVERAGE	REQUIRED LIMIT
Workers Compensation	Statutory Limits
EL Each Accident	\$1,000,000
EL Each Disease – Each Employee	\$1,000,000
EL Disease Policy Limit	\$1,000,000

ADDITIONAL POLICIES	
COVERAGE	REQUIRED LIMIT
Professional Liability ⁽¹⁾	Occurrence \$1,000,000 Aggregate \$3,000,000
Product Liability ⁽²⁾	\$10,000,000
All Risk Property ⁽³⁾	FULL REPLACEMENT COST
<p>(1) Required if providing services that include brokerage, architectural, design, engineering, construction management or other professional consulting services.</p> <p>(2) Umbrella Liability in excess of Product Liability policy above having coverage which is at least as broad as the primary insurance coverage and the terms of the primary liability and Excess (Umbrella liability) policies are concurrent.</p> <p>(3) Must cover losses or damages to Cook's property and materials in the care, custody or control of vendor.</p>	

MINIMUM REQUIREMENTS

CERTIFICATE HOLDER
Certificate holder must list: Cook Group Incorporated c/o Global Risk Management Solutions 4447 N. Central Expressway, Suite 110-433 Dallas, TX 75205

ADDITIONAL INSURANCE REQUIREMENTS
<ul style="list-style-type: none">• Cook Group Incorporated, its affiliates, subsidiaries, officers, directors, and employees must be included as Additional Insureds on General and Automobile Liability policy.• Policies must be primary and non-contributory.• Insurer must have an AM Best rating of A or higher

ADDITIONAL REQUIRED DOCUMENTS
<ul style="list-style-type: none">• Declaration of Contractual Agreement

REFERENCE THE SAMPLE CERTIFICATED ON NEXT PAGE



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
Current

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 Vendor's Insurance Agent Information Please send this SAMPLE CERTIFICATE to your Agent	CONTACT NAME: Vendor's Insurance Agent Contact Information PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE INSURER A: (Insurer must have an AM Best rating of A- or higher) INSURER B: higher INSURER C: PLEASE PROVIDE NAIC NUMBERS INSURER D: (SPECIFIC carrier names must be listed) INSURER E: listed INSURER F: _____	NAIC #
INSURED Vendor Company Information		

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
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	(See table on page 1 for Additional policies.)						

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

Cook Group Incorporated, its affiliates, subsidiaries, officers, directors and employees are named Additional Insureds on General and Automobile Liability policies as their interest may appear in regard to work performed or services provided by the named insured. Such policies shall be primary and Non-contributory. Umbrella Liability in excess of Product Liability policy above having coverage which is at least as broad as the primary insurance coverage.

CERTIFICATE HOLDER

CANCELLATION

Cook Group Incorporated
c/o Global Risk Management Solutions
4447 N. Central Expressway, Suite 110-433
Dallas, TX 75205

Certificate Holder must match exactly as seen here.

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

Authorized Signature