

JASON MINIMUM INSURANCE REQUIREMENTS

Please forward the requirements below to your insurance agent so you can become an approved vendor for Jason, Inc. Sample Certificate of Insurance are included for reference.

COMMERCIAL GENERAL LIABILITY – AM BEST RATING OF A- OR BETTER	
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 – AM BEST RATING OF A- OR BETTER	
COVERAGE	REQUIRED LIMIT
All Owned, Hired and Non-Owned Autos	
Combined Single Limit	\$1,000,000

UMBRELLA LIABILITY – AM BEST RATING OF A- OR BETTER	
COVERAGE	REQUIRED LIMIT
Each Occurrence	\$5,000,000
Aggregate	\$5,000,000

WORKERS COMPENSATION/EMPLOYER LIABILITY – AM BEST RATING OF A- OR BETTER	
COVERAGE	REQUIRED LIMIT
Workers Compensation	Statutory Limits
EL Each Accident	\$500,000
El Each Disease – Each Employee	\$500,000
El Disease Policy Limit	\$500,000

ADDITIONAL POLICIES			
The following service categories are required to provide additional policies. The policy type and limits are listed below.			
SERVICE CATEGORY	POLICY LIMITS		
	Professional Liability	Cyber Liability	Crime
Cleaning, Carpet, Window, Drapes			\$2,000,000
Janitorial & Cleaning			\$2,000,000
Locksmith			\$2,000,000
Parking Lot Attendants			\$2,000,000
Pest Control			\$2,000,000
Plant Care (Interior)			\$2,000,000
Architectural & Engineering	\$5,000,000		
Disaster Recovery	\$5,000,000	\$5,000,000	
Environmental, Health & Safety	\$5,000,000		
General Consulting Services	\$5,000,000		
Information Technology	\$5,000,000	\$5,000,000	\$2,000,000
Life-Safety	\$5,000,000		
Security	\$5,000,000	\$5,000,000	\$2,000,000
Tax, Personal Property	\$5,000,000		\$2,000,000
Tax, Real Property	\$5,000,000		\$2,000,000

JASON MINIMUM INSURANCE REQUIREMENTS

CERTIFICATE HOLDER

Certificate holder must list:

Jason, Inc.

c/o Global Risk Management Solutions

4447 N. Central Expressway, Suite 110-433

Dallas, TX 75205

ADDITIONAL INSURANCE REQUIREMENTS

- Jason, Inc. must be added as Additional Insured on General, Automobile and Umbrella Liability policies.
- Waiver of Subrogation in favor of Jason, Inc. under the General, Automobile and Umbrella Liability policies.
- An AM Best rating of A- or better is required on all insurance carriers.
- Policies must be primary and non-contributory.

ADDITIONAL REQUIRED DOCUMENTS

- Declaration of Contractual Agreement
- W-9 Tax Form (W-9 date must be 2011 or newer version and must be signed within the past 12 months to be compliant)

REFERENCE NEXT PAGE FOR SAMPLE CERTIFICATE OF INSURANCE



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).

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

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						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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				MED EXP (Any one person) \$
<input type="checkbox"/>							PERSONAL & ADV INJURY \$ 1,000,000
<input type="checkbox"/>							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
<input type="checkbox"/>	POLICY	<input type="checkbox"/>	<input type="checkbox"/>				\$
<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	<input type="checkbox"/>				\$
<input type="checkbox"/>	LOC	<input type="checkbox"/>	<input type="checkbox"/>				\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
<input type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person) \$
<input checked="" type="checkbox"/>	ALL OWNED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/>	HIRED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/>	SCHEDULED AUTOS NON-OWNED AUTOS						\$
<input checked="" type="checkbox"/>	UMBRELLA LIAB						EACH OCCURRENCE \$ 5,000,000
<input type="checkbox"/>	EXCESS LIAB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				AGGREGATE \$ 5,000,000
<input type="checkbox"/>	DED						\$
<input type="checkbox"/>	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	<input type="checkbox"/>				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>				E.L. DISEASE - EA EMPLOYEE \$ 500,000
		<input type="checkbox"/>	<input type="checkbox"/>				E.L. DISEASE - POLICY LIMIT \$ 500,000
	(See table on page 1 for Additional policies.)						

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

Jason, Inc. is named Additional Insured with a Waiver of Subrogation on General, Automobile and Umbrella Liability policies as their interest may appear in regard to work performed or services provided by the named insured. Such policies are primary and non-contributory as respects to any other insurance available to Jason, Inc.

<p>CERTIFICATE HOLDER</p> <p>Jason, Inc. c/o Global Risk Management Solutions 4447 N. Central Expressway, Suite 110-433 Dallas, TX 75205 Certificate Holder must match exactly as seen here.</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;">Authorized Signature</p>
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