

MINIMUM REQUIREMENTS

Please forward the requirements below to your insurance agent so you can become an approved vendor for Ferguson Enterprises, LLC.

- Sample Certificate of Insurance is included for reference.

GENERAL LIABILITY	
COVERAGE	REQUIRED LIMIT
Each Occurrence	\$2,000,000
Personal & Adv Injury	\$1,000,000
General Aggregate	\$4,000,000
Product – Comp/Op Aggregate	\$4,000,000
A NOTE ABOUT LIMITS: THE LIMITS REQUIRED MAY BE SATISFIED BY A NY COMBINATION OF PRIMARY AND EXCESS COVERAGE.	
IF APPLICABLE, SELF –INSURED RETENTION (SIR) MUST BE LESS THAN \$75,000.	

CERTIFICATE HOLDER
Certificate holder must list: Ferguson Enterprises, LLC. 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">• Ferguson Enterprises, LLC. and subsidiaries must be added as Additional Insureds on General Liability policy.• General Liability policy must be primary and non-contributory.• An A.M. Best® rating of A- or better is required on all insurance carriers.

ADDITIONAL REQUIRED DOCUMENTS
<ul style="list-style-type: none">• Hold Harmless Agreement. Document available at www.globalrms.com/ferguson• Conflict Minerals Declaration. Document available at www.globalrms.com/ferguson

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).

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): E-MAIL ADDRESS:	FAX (A/C. No):
INSURED Vendor Company Information	INSURER(S) AFFORDING COVERAGE	
	INSURER A: (Insurer must have an A.M Best rating of A- or better.)	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		NAIC #
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
	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 \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Cyber/Intellectual Property Infringement						Occurrence \$ 5,000,000 Aggregate \$ 10,000,000

A note about the limits: The limits required may be satisfied by any combination of primary and excess coverage.

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

Ferguson Enterprises, LLC. its subsidiaries are named as Additional Insureds on a primary and non-contributory basis for General Liability.

Certificate Holder fields must match exactly as seen here.

CERTIFICATE HOLDER

Ferguson Enterprises, LLC.
 c/o Global Risk Management Solutions
 4447 N. Central Expressway, Suite 110-433
 Dallas, TX 75205

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