

## SUNCAST MINIMUM INSURANCE REQUIREMENTS

Please forward the requirements below to your insurance agent so you can become an approved supplier for Suncast. Sample Certificate of Insurance is included for reference.

COMMERCIAL GENERAL LIABILITY	
COVERAGE	REQUIRED LIMIT
Each Occurrence	\$1,000,000
Damage to Rented Premises	\$1,000,000
Medical Expenses (Any one person)	\$5,000
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	\$5,000,000
Aggregate	\$5,000,000

WORKERS COMPENSATION/EMPLOYER LIABILITY	
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

CERTIFICATE HOLDER
Certificate holder must list: Suncast Corporation 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"> <li>Suncast Corporation must be added as Additional Insureds on General Liability policy.</li> <li>Waiver of Subrogation in favor of Suncast Corporation under the General Liability policy.</li> <li>Policies must be primary and non-contributory.</li> <li>An AM Best rating of B or better is required on all insurance carriers.</li> </ul>

ADDITIONAL REQUIRED DOCUMENTS
<ul style="list-style-type: none"> <li>Declaration of Contractual Agreement</li> <li>W-9 Tax Form (version date must be the most current version and must be signed within the past 12 months to be compliant)</li> </ul>

**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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> <b>Vendor's Insurance Agent Information</b> Please send this <b>SAMPLE CERTIFICATE</b> to your Agent	<b>CONTACT NAME:</b> Vendor's Insurance Agent Contact Information	
	<b>PHONE (A/C, No. Ext):</b>	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A: (Insurer must have an AM Best rating of</b>	
	<b>INSURER B: B or better.)</b>	
<b>INSURED</b> <b>Vendor Company Information</b>	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	
	<b>INSURER G:</b>	
	<b>INSURER H:</b>	

**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 PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Policies must meet the minimum requirements.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> OTHER: \$
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						
	OTHER:						
<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$
	ANY AUTO						
	OWNED AUTOS ONLY						
	HIRED AUTOS ONLY						
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						
<input checked="" type="checkbox"/>	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ <b>5,000,000</b> OTHER: \$
	EXCESS LIAB						
	DED <input type="checkbox"/> RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>500,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						
	If yes, describe under DESCRIPTION OF OPERATIONS below						

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

Suncast Corporation is listed as Additional Insured with respect to General Liability when required by written contract on a primary and non-contributory basis. A Waiver of Subrogation applies in favor of the Additional Insured with respect to General Liability.

## CERTIFICATE HOLDER

## CANCELLATION

Suncast Corporation  
 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