

MINIMUM REQUIREMENTS

Please forward the requirements below to your insurance agent so you can become an approved supplier for Suncast Corporation.

- Sample Certificates of Insurance are included for reference.

GENERAL LIABILITY	
COVERAGE	REQUIRED LIMIT
Each Occurrence	\$1,000,000
Tenants Legal Liability	\$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	Workers Compensation Clearance Certificate
Employers Liability	Included in Commercial General Liability
Provide certificate from WSIB (Workplace Safety and Insurance Board – Ontario) OR CSST (Commission de la santé et de la sécurité du travail – Quebec)	

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"> • Suncast Corporation must be added as Additional Insureds on General Liability policy. • Waiver of Subrogation in favor of Suncast Corporation under the General Liability policy. • Policies must be primary and non-contributory. • An AM Best rating of B or better is required on all insurance carriers.

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

CERTIFICATE OF INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.
This certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURED'S FULL NAME AND MAILING ADDRESS

BROKER'S FULL NAME AND MAILING ADDRESS

Vendor Company Information

Vendor's Insurance Agent Information

Please send this **SAMPLE CERTIFICATE** to your Agent

BROKER'S CLIENT ID:

POSTAL
CODE

COVERAGES

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 a° ordered by the policies described herein is subject to all terms, exclusions and conditions of such policies. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE (YYYY/MM/DD)	EXPIRY DATE (YYYY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input type="checkbox"/> TENANTS LIABILITY <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES <input type="checkbox"/> POLLUTION LIABILITY EXTENSION				EACH OCCURRENCE GENERAL AGGREGATE PRODUCTS COMPI/OP AGG PERSONAL INJURY TENANTS LEGAL LIABILITY MED EXP (Anyone person) NON-OWNED AUTO OPTIONAL POLLUTION LIABILITY EXTENSION (Per Occurrence) (Aggregate)	\$1,000,000 \$2,000,000 \$2,000,000 \$1,000,000 \$1,000,000 5,000 \$1,000,000 \$ \$ \$
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES ** ALL LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE	\$1,000,000 \$ \$ \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (specify) _____				EACH OCCURRENCE AGGREGATE	\$5,000,000 \$5,000,000
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

ADDITIONAL INSURED NAME AND MAILING ADDRESS

DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS

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 - NAME AND MAILING ADDRESS

CANCELLATION

PROOF OF INSURANCE

Suncast Corporation
c/o GRMS

4447 N. Central Expressway, Suite 110-433
Dallas, TX 75205

Should any of the above policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail ____0 days written notice to the certificate holder named on the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Authorized Signature

Certificate Holder fields must match exactly as seen here.

FAX NUMBER

EMAIL ADDRESS

COMPANY

DATE