

# CERTIFICATE OF INSURANCE

Prior to access, the Subcontractor/Vendor shall provide an acceptable Certificate of Insurance which demonstrates proof of insurance coverage. The following insurance minimum limits of coverage are required:

## **Coverage/Minimum Limits \***

- Comprehensive general liability, ship repairers liability, broad form property damage and personal injury insurance with coverage to include premise operations, products liability, complete operations hazard, contractual liability (specifically insuring the liability assumed under this Agreement) and independent Subcontractors. Combined bodily injury and property damage coverage shall have minimum limits of liability of \$1,000,000 per occurrence and \$2,000,000 in the aggregate. Personal injury coverage shall have a minimum aggregate liability of \$1,000,000.
- Comprehensive automobile liability insurance with coverage to include any vehicles. Combined bodily injury and property damage coverage shall have a minimum liability limitation of \$1,000,000 per occurrence.
- Worker's Compensation and Longshoreman's and Harbor Worker's Compensation insurance with limits of liability conforming to the statutory requirements of the Commonwealth of Virginia and the United States of America. If work is to be accomplished on ships, dry docks, or piers, benefits under the Longshoremen and Harbor Worker's Act must be shown on the Certificate of Insurance. Include an alternate employer endorsement on Worker's Compensation in favor of Crofton.

## **Additional Requested Information**

A valid certificate of insurance from the insurer or insurers evidencing coverage's as listed above must include:

- Insurer or insurers shall notify Crofton. at least thirty (30) days prior to the time of any cancellation or reduction of coverage.
- Show Crofton as additional named insured with a waiver of subrogation on the Certificate of Insurance for comprehensive general liability and automobile liability
- Worker's Compensation and Longshoreman's and Harbor Worker's (USL&H) Compensation to include a waiver of subrogation. Worker's Compensation Alternate Employer Endorsement in favor of Crofton.

\*Additional limits may be required.