

CERTIFICATE OF INSURANCE REQUIREMENTS

Effective 6/6/2018

COVERAGE REQUIREMENTS:

1. COMMERCIAL GENERAL LIABILITY:

Coverage including premises, operations, products and completed operations, and personal and advertising injury with minimum limits of:

- \$1,000,000 limit per occurrence for bodily injury and property damage
- \$2,000,000 aggregate per project and per location with defense outside the limits

Coverage must not exclude Residential Construction

Products and Completed Operations must be maintained for a period of 2 years

2. WORKERS COMPENSATION:

(a) Statutory Workers Compensation coverage for the State in which the Project is located.

(b) Employers Liability Coverage with the following minimum limits:

- Bodily Injury by Accident \$500,000 Each Accident
- Bodily Injury by Disease \$500,000 Policy Limit
- Bodily Injury by Disease \$500,000 Each Employee

NOTE: WORKERS COMPENSATION IS COMPULSORY IN THE STATE OF ILLINOIS. ONLY SOLE PROPRIETORS WITH NO EMPLOYEES ARE EXEMPT FROM CARRYING COVERAGE. A WAIVER OF LIABILITY FOR LIEBERMAN MANAGEMENT SERVICES, INC. AND ALL MANAGED ASSOCIATIONS AND COOPERATIVES LIABLE FOR ANY INJURY IS NECESSARY BEFORE EXEMPT VENDORS CAN BEGIN WORK.

3. PROFESSIONAL LIABILITY:

(a) Professional Services Liability Coverage with a \$1,000,000.00 minimum limit.

- Where Necessary - Evidence of Insurance

WORDING REQUIREMENTS:

At the bottom of a Certificate of Insurance there are two boxes that we ask to contain the following wording:

FOR A "BLANKET" CERTIFICATE OF INSURANCE:

Box 1 - Description of Operations/Locations/Vehicles/Exclusions added by endorsement/Special Provisions:

"Lieberman Management Services, Inc. and all managed Associations and Cooperatives are listed as an additional insured under the General Liability policy, on a primary and noncontributory basis."

Box 2 - Certificate Holder:

Lieberman Management Services, Inc. and our corporate address should be listed as the "Certificate Holder."

EXAMPLE: Lieberman Management Services, Inc.
25 Northwest Point Boulevard, Suite 330
Elk Grove Village, IL 60007

Note: Prior to the commencement of work at any location, an endorsement evidencing additional insured status shall be required pursuant to the Insurance Requirements Agreement.

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). If Waiver of Subrogation is applicable, it only applies to the extent allowed by law.

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
LMS Sample Certificate of Insurance	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	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
A	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 checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC				12/01/2017	12/01/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$ \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ OCCUR CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N N/A				12/31/2017	12/31/2018	<input checked="" type="checkbox"/> W/C STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

“Lieberman Management Services, Inc. and all managed Associations and Cooperatives are listed as an additional insured under the General Liability policy on a primary and noncontributory basis.”

CERTIFICATE HOLDER

CANCELLATION

Lieberman Management Services, Inc.
25 Northwest Point Boulevard, Suite 330
Elk Grove Village, IL 60007

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

