



Updated May 12, 2025

Please confirm that you meet the following insurance coverage should you be awarded this project:

- Additional insured coverage for Windover Construction Inc, and Project Owner on a “per project” basis and on the **General Liability** with primary and non-contributory basis, including completed operations and a waiver of subrogation in favor of the additional insureds.
- Additional insured coverage for Windover Construction Inc, and Project Owner on the **Umbrella Liability** on a primary and non-contributory basis with completed operations and a waiver of subrogation in favor of the additional insureds.
- Additional insured coverage for Windover Construction Inc, and Project Owner on the **Automobile Liability** with primary and non-contributory basis as well as a waiver of subrogation in favor of the additional insureds.
- **Worker’s Compensation** with a waiver of subrogation in favor of Windover Construction Inc, and Project Owner.
- **Professional liability** if applicable for design build scope services, consulting, and/or trades providing stamped drawings. Professional liability includes additional insured coverage for Windover Inc, and Project Owner with a waiver of subrogation in favor of the additional insured.
- **Pollution liability** if applicable for trades working with hazardous material and remediation. Pollution liability includes additional insured coverage for Windover Inc, and Project Owner with a waiver of subrogation in favor of the additional insured.
- There are no exclusions on any policy for residential work.
- Written cancellation notice will be provided to the certificate holder 30 days prior, except for cancellation caused by non-payment of premiums, in which case 10 days notice is required.

Confirmation includes limits of each occurrence provided in the Windover Insurance Sample.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 Subcontractor, Design-Builder or Consultant Agent/Carrier	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
INSURED Subcontractor, Design-Builder or Consultant Name & Address	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: A.M. Best Rating of A- or higher with	
	INSURER B: A.M. Best Financial Size Category	
	INSURER C: Class VII or higher	
	INSURER D:	
INSURER E:		
INSURER F: www.AMBest.com (Check Financial Rating)		
NAIC #		

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR CG0001 or equivalent GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY NUMBER			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" 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 CA0001	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY NUMBER			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input checked="" type="checkbox"/>	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY NUMBER			EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> N <input checked="" type="checkbox"/> A	POLICY NUMBER			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	Professional Liability Pollution Liability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Required based on scope, trade, and project requirements			Claim/Agg \$2M/\$3M Occ/Agg \$2M/\$3M

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

All coverages apply to all work sites of the insured. Additional insured coverage is on a Primary and non-contributory basis on General, Auto and Umbrella/ Excess liability policies, including on GL and Excess for claims arising from completed operations. There are no exclusions on any policy for residential work. A Waiver of Subrogation shall apply in favor of the Additional Insured parties on all policies including Worker's Compensation. [PROJECT No. WC-xx-xxx, PROJECT NAME, PROJECT LOCATION] Additional Insured includes: [List project specific additional insured]

Written cancellation notice will be provided to the certificate holder 30 days prior, except for cancellations caused by non-payment of premiums, in which case, 10 days notice is required.

CERTIFICATE HOLDER

CANCELLATION

Windover Construction, Inc. 66 Cherry Hill Dr. Beverly, MA 01915	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