

### IMPORTANT NOTICE TO ALL SUBCONTRACTORS

### **INSURANCE and PREQUALIFICATION PROCESS IMPROVEMENTS**

- Barton Malow Holdings ("BMH") is continuously striving to improve its efficiencies and processes. As one of these efforts, we are streamlining our insurance certificate review and pre-qualification process.
- If you have not already done so, please give the attached letter to your insurance agent.
   EFFECTIVE January 1, 2020 and after When your insurance policies renew in the year 2020, you must log into your TadeTapp account and upload your renewal blanket certificate of insurance and all Additional Insured forms.
- You must also have an account in <a href="www.BuildingConnected.com">www.BuildingConnected.com</a>. Your entity name and mailing address must be typed <a href="EXACTLY">EXACTLY</a> the same in both TradeTapp and BuildingConnected. The two systems have to sync to each other.
- In most cases, once your prequalification is completed in TradeTapp, you will no longer need to provide your insurance information for each contract.
- You will be sent a renewal notice asking you to update your prequalification profile throughout the year as you receive updated insurance certificates, financial information, OSHA logs, or any other updated required documentation.
- Certificates of Insurance and Additional Insurance forms that we accept will adhere strictly to our contract requirements as stated in our contract terms and reviewed by our risk management department. Additional Insured forms that do not strictly conform to our current contractual requirements will no longer be accepted.
  - As your insurance policies come up for renewal, you will be required to provide fully conforming insurance forms as required by our contract.

We thank you for your time and cooperation. We look forward to working with your company on a future project.

Sincerely,

The Risk Management and Legal departments of Barton Malow Holdings



### **IMPORTANT NOTICE TO ALL INSURANCE AGENTS/PROVIDERS:**

**Barton Malow Holdings ("BMH")** is tightening the review and approval of insurance certificates and Additional Insured forms for our subcontractors, vendors, and suppliers. Many standard forms utilized by insurance companies do not conform to our requirements, and significantly limit the scope of the insurance provided to BMH in the event of a claim or lawsuit. As we move forward with standardizing our pre-qualification process, non-conforming additional insurance forms will not be accepted, regardless of whether they were previously accepted by BMH.

Effective immediately, be advised that for any new contracts, subcontracts and/or purchase orders, fully conforming insurance endorsements will be required. On **January 1, 2020**, BMH will cease accepting any non- conforming additional insured endorsements. Please review the required insurance endorsement or contract language with your insured. We have confirmed that the requested insurance coverage is commercially available.

The required additional insurance, as stated in our current contracts provides:

Barton Malow Holdings ("BMH"), Contractor (if other than BMH), and their partners (if applicable), Owner, and all other entities as required in the Prime Contract, shall be endorsed as additional insureds on

\*Subcontractor's liability insurance policies (including general liability, excess liability, automobile liability and pollution liability, where applicable) for liability arising out of activities, operations or "work," performed by or on behalf of Subcontractor, including BMH and/or Contractor's general supervision of Subcontractor, products and completed operations hazard of Subcontractor, and automobiles owned, leased, hired or borrowed by Subcontractor. The coverage provided by the additional insured endorsement(s) shall be at least as broad as that provided in the Insurance Service Office, Inc.'s Additional Insured Endorsement Form CG 20 10 11 85. Forms that do not provide additional insurance for the "products and completed operations hazard," will not be accepted. In no case shall any additional insured endorsement exclude coverage for BMH or Contractor's own negligence, nor limit coverage for BMH or Contractor only to potential liability incurred solely as a result of Subcontractor's acts or omissions.

"Subcontractor" defined above includes: vendors, suppliers, professional service providers, general service providers, material deliverymen.

Barton Malow will accept the following additional insurance endorsements:

- CG 2010 11 85
- CG2010 10 01 coupled with the CG2037 10 01 forms.
- CG7048 10 15 (this is a very current ISO form and readily available in the insurance marketplace)
- We will also accept any other manuscript form that provides the following coverage:

Blanket additional insured form as required by written contract:

- For liability arising out of your ongoing operations AND
- For liability arising out of "your work" performed for that insured and included in the "products-completed operations hazard"



Examples of previously issued Additional Insured forms that will no longer be accepted:

- CG 20 33 (all versions)
- CG 20 10 (07 04 version or later)
- CG 20 37 (07 04 version or later)
- CG 70 49 (all versions)
- CGD 246 (all versions)
- CGL 8820 (all versions)

### We also require:

- The additional insurance coverage provided must be primary and non-contributory with any other insurance or self- insurance maintained by the additional insured, whether on a primary, umbrella or excess basis.
- Each insurer must carry AM Best's rating of A-VII or better.
- Each policy must be endorsed so that the issuing insurer will provide thirty (30) days written notice of cancellation to the BMH, Contractor and/or any additional insureds.
- Waiver of subrogation required for all coverages.

A sample certificate of insurance and the acceptable Additional Insured forms are attached for your reference and convenience.

### Thank you.

The Risk Management and Legal departments of Barton Malow Holdings

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
today's date

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 conf er rights to the certificate holder in lieu of such endorsement(s).

su	ch endorsement(s).									
PRODUCER				CONTACT NAME:						
Broker Name			PHONE ( A/C,No, Ext): FAX (A/C, No):							
and Address			EMAIL ADDRESS:							
				INSURER(S) AFFORDING COVERAGE					NAIC #	
INSURED			INSURER	INSURER A:						
				INSURER B:		ovide insurers	<b>)</b>			
You	r Company's Name and Address		INCURED O		policies listed below.					
					Insurers should have an AM Best					
			INSURER E:		rati	rating of A- or better.				
			INSURER F:							
CO	VERAGES CERTI	FICATE 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	POLICY NUMBER		OLICY EFF M/DD/YYY		POLICY EXP (MM/DD/YYYY)	L	IMITS		
	GENERAL LIABILITY						EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE VOCCUR						DAMAGE TO RENTED PREMISES ( Ea occurrence )			
	CLAIMS-MADE X OCCUR						MED EXP ( Any one person )	\$5,000		
Α	H I		F#			Fundamentary Date	PERSONAL & ADV INJURY	\$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:	Policy Number	Епест	Effective Date		Expiration Date	GENERAL AGGREGATE	\$2,000,000		
	POLICY X PROJECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000		
	_						FIRE DAMAGE(any one fire)	\$50,000		
	AUTOMOBILE LIABILITY					Expiration Date	COMBINE SINGLE LIMIT (Ea accident)	\$1,000,000		
	ANY AUTO  V ALL OWNED AUTOS				ate		BODILY INJURY ( Per person )			
В	SCHEDULED AUTOS	Policy Number	Effec	tive Date			BODILY INJURY (Per accident )	.1		
	X HIRED AUTOS						PROPERTY DAMAGE	1		
	NON-OWNED AUTOS						(Per accident)	+		
	EXCESS/ UMBRELLA LIABILITY  CLAIMS MADE				_	L	EACH OCCURRENCE	\$1,000,000		
С	DEDUCTIBLE CLAIMS MADE	i elley riamser		fective Date		Expiration Date	AGGREGATE	\$1,000,000		
	RETENTION									
	WORKERS COMPENSATION AND			tive Date		Expiration Date	X WC STATUTORY OTHER			
D	EMPLOYERS' LIABILITY  ANY PROPRIETOR /PARTNER/ EXECUTIVE OFFICE/ MEMBER EXCLUDED?If yes, describe under DESCRIPTION OF OPERATIONS below  Policy Number		Effect				E.L.EACH ACCIDENT	\$1,000,000		
							E.L.DISEASE - EA EMPLOYEE	\$1,000,000		
							E.L.DISEASE - POLICY LIMIT	\$1,000,000		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach ACCORD 101, Additi	ional Rema	rks Sched	lule, l	f more space is requi	red)			
The c	overages listed above are Primary and Non-Contribu	tory to any other insurance.								
	ket Additional Insured as per written contract.	e CG2010 1001 coupled with the CG	32037 1001	forms, or a	a scri	oted equivalent. Please	e see our contract terms and cond	itions for details.)		
(Note: we will only accept the CG2010 1185 form; or the CG2010 1001 coupled with the CG2037 1001 forms, or a scripted equivalent. Please see our contract terms and conditions for details.)  A waiver of subrogation in favor of Barton Malow Company are included under all policies.										
CERTIFICATE HOLDER (						CANCELLATION				
Barton Malow Holdings					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY ROVISIONS.					
26500 American Drive										
Southfield, MI 48034				S	Signature Required					

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

#### **SCHEDULE**

### Name of Person or Organization:

Any Person or Organization Required by a Written Contract

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of 'your work' for that insured by or for you.

It is agreed that this insurance maintained pursuant to the written contract agreements shall be primary to, and not contribute with any insurance or self-insurance maintained by the above, but only with respect to work performed by or on behalf of the Named Insured.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 10 10 01

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE** 

Name of Person or Organization:	
ANY ENTITY REQUIRED BY WRITTEN CONTRACT	

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. Section II Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.
- B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:
  - 2. Exclusions

This insurance does not apply to "bodily injury" or "property damage" occurring after:

(1) All work, including materials, parts or equipment furnished in connection with such

- work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 37 10 01

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

Name of Person or Organization: ANY ENTITY REQUIRED BY WRITTEN CONTRACT	
Location And Description of Completed Operations:	
Additional Premium:	
	if

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**Section II - Who Is An Insured** is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations hazard".