IMPORTANT NOTICE TO ALL INSURANCE AGENTS/PROVIDERS

INSURANCE AND PRE-QUALIFICATION PROCESS

- We have streamlined our insurance certificate review and pre-qualification process.
- You will be required to provide blanket rather than project-specific insurance.
- Blanket insurance provides coverage to Barton Malow only when specifically required by a written contract.
- Blanket insurance will satisfy all insurance requirements for any purchase orders issued to your company during the policy period.

IF YOU ARE A NEW SUBCONTRACTOR OR VENDOR THAT IS SUBMITTING INFORMATION FOR THE FIRST TIME:

- You must also have an account in www.BuildingConnected.com. Your entity name and mailing address must be typed EXACTLY the same in your pregualification, your insurance certificate and your W9 form.
- We have attached sample documents including a certificate of insurance and acceptable additional insured endorsements. Please provide these directly to your insurance agent.
- We do not accept any additional insured forms that do not strictly conform to our contractual requirements.

IF YOU ARE AN EXISTING SUBCONTRACTOR OR VENDOR THAT HAS PREVIOUSLY BEEN PREQUALIFIED:

• You will receive a renewal notice when your insurance expires. At that time, you will be required to update your prequalification information.

Barton Malow Holdings strictly adheres to the contractual requirements regarding insurance certificates and additional insured endorsements 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 Barton Malow Holdings in the event of a claim or lawsuit.

Please review the required insurance endorsement or contract language with your insured. The requested insurance coverage is commercially available.

Our contracts require that Barton Malow Holdings and all other entities, as required by written contract, shall be endorsed as additional insureds on the following:

"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, and 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 not an ISO form, but it is an example of an acceptable "scripted equivalent" form)

We will accept any manuscript form or "scripted equivalent" 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 Additional Insured forms that are unacceptable:

- 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 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, unless statutorily prohibited.

A sample certificate of insurance and the acceptable Additional Insured forms are attached for your reference and convenience. We thank you for your time and cooperation. We look forward to working with your company on a future project.

Thank you.

The Risk Management and Legal departments of Barton Malow Holdings

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) tody'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.

	PRODUCER, AND THE CERTIFICATI		CONTIAC	/ DE VVI	LIN THE IOOOIIN	a moonen(o), Aornon	IZED HEI HEGE		
con	PORTANT: If the certificate holder is an ditions of the policy, certain policies mathematics).	ADDITIONAL INSURED, ay require an endorsement	the policy(i . A statem	es) must l ent on thi	pe endorsed. If S s certificate does	UBROGATION IS WAIVE not conf er rights to the ce	D, subject to the rtificate holder in	terms and lieu of	
PRODUCER C				CONTACT NAME :					
Broker Name				PHONE (A/C,No, Ext): FAX (A/C, No):					
and Address				EMAIL ADDRESS:					
				INSURER(S) AFFORDING COVERAGE NAIC #					
INSURED				INSURER A:					
Your Company's Name and Address			Provide insurers corresponding to the						
			policies listed below.						
				Insurers should have an Alvi Best					
			INSURER E	rating of A- of better.					
			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	POLICY NUMBER		ICY EFF DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Ц	MITS		
	GENERAL LIABILITY					EACH OCCURRENCE	\$1,000,000		
Α	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)			
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$5,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PROJECT LOC	Policy Number	Effective Date		Expiration Date	PERSONAL & ADV INJURY	\$1,000,000		
				e Date			\$2,000,000		
						GENERAL AGGREGATE	\$2,000,000		
						PRODUCTS - COMP/OP AGG	\$50,000		
						FIRE DAMAGE(any one fire) COMBINE SINGLE LIMIT	\$1,000,000		
	ANY AUTO	JABILITY				(Ea accident)	\$1,000,000		
	X ALL OWNED AUTOS	WNED AUTOS		tive Date	Expiration Date	BODILY INJURY (Per person)			
В	SCHEDULED AUTOS Policy Number		Effectiv			BODILY INJURY (Per accident)			
	X HIRED AUTOS					PROPERTY DAMAGE (Per accident)			
	NON-OWNED AUTOS					(1 0.1 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.			
	EXCESS/ UMBRELLA LIABILITY						\$1,000,000		
	X OCCUR CLAIMS MADE	Policy Number	Effectiv	e Date	Expiration Date	EACH OCCURRENCE			
С	DEDUCTIBLE			c Buic	Expiration Bate	AGGREGATE	\$1,000,000		
	RETENTION								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X WC STATUTORY OTHER			
D	ANY PROPRIETOR /PARTNER/ EXECUTIVE	Policy Number	Effective	a Date	Expiration Date	E.L.EACH ACCIDENT	\$1,000,000		
	OFFICE/ MEMBER EXCLUDED?If yes, describe under DESCRIPTION OF					E.L.DISEASE - EA EMPLOYEE	\$1,000,000		
	OPERATIONS below					E.L.DISEASE - POLICY LIMIT	\$1,000,000		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (Attach ACCORD 101, Addit	tional Remark	s Schedule,	If more space is requ	ired)			
The co	verages listed above are Primary and Non-Contribu	tory to any other insurance.							
Blanket Additional Insured as per written contract. (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.)									
ľ	er of subrogation in favor of Barton Malow Holdings			,			•		
CERTIFICATE HOLDER				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION					
Barton Malow Holdings DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY ROVIS 26500 American Drive									
Southfield, MI 48034				Signature Provinced					
			Signature Required						

POLICY NUMBER:

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:

Barton Malow Holdings and its entities or subsidiaries, and any person or organization 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.)

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.

POLICY NUMBER:

same as on certificate

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:

Barton Malow Holdings and its entities or subsidiaries, and any person or organization 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 iability 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: same as on certificate

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:
Barton Malow Holdings and its entities or subsidiaries, and any person
or organization required by written contract
Location And Description of Completed Operations:
All locations, as required by written
contract.
Additional Premium:

(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".

BARTON MALOW | SUBCONTRACTOR/VENDOR BLANKET INSURANCE NOTICE | REVISED: 01.04.2023