

## INSURANCE REQUIREMENTS

All insurance must be written by a U.S. Insurance company, show the complete insurance company name including any state or subsidiary designation, and be rated in the current edition of the A.M. Best Property & Casualty Guide as A, X or better. Oltmans requires complete submission of your insurance certificate prior to starting work onsite. **Failure to submit within five (5) working days will force us to void your contract.**

**1. WORKERS COMPENSATION (binders are not accepted)**

Employers Liability limits:

\$1,000,000	Bodily Injury by Accident
\$1,000,000	Bodily Injury by Disease - Each Employee
\$1,000,000	Bodily Injury by Disease - Policy Limit

❖ **Required Waivers with policy numbers listed:** *Waiver of Subrogation* in favor of Oltmans Construction and all owners.

**2. GENERAL LIABILITY (binders are not accepted)**

General Liability limits:

\$2,000,000	General Aggregate
\$2,000,000	Products and Completed Operations Aggregate
\$2,000,000	Personal and Advertising Injury
\$2,000,000	Each Occurrence

**Trade Specific (binders are not accepted)**

\$3,000,000	Excess Liability for Fire Sprinklers
\$5,000,000	Asbestos/Pollution Liability
\$5,000,000	Crane Operators

❖ **Required Waivers and Endorsements with policy numbers listed:** *Per "Project" Aggregate, Additional Insured Endorsement, Primary and Non-Contributory Wording Endorsement* including Ongoing and Completed Operations, and *Waiver of Subrogation* in favor of Oltmans Construction and all owners.

**3. AUTO LIABILITY (binders are not accepted)**

Automobile liability including *owned, hired and non-owned autos*. If any autos are not covered within your policy, please provide a company letter stating that these autos are not covered and will not be present at any job sites for Oltmans Construction Company.

Auto Liability limits:

\$2,000,000	Combined Single Limit
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❖ **Required Waivers and Endorsement with policy numbers listed:** *Additional Insured Endorsement, Waiver of Subrogation* in favor of Oltmans Construction and all owners.

**4. ADDITIONAL INSURED**

Oltmans Construction Co. and the Owner(s) must be named as the Additional Insured on the General Liability and Auto Certificates and on the Additional Insured Endorsements (see examples).

❖ **Required Endorsements with policy numbers listed:** *Additional Insured Endorsements*

**5. CANCELLATION PARAGRAPH**

Your certificate must state that Oltmans Construction Co. will be given at least a 30-day written notice of cancellation.

**Submit certificates of insurance via email or fax, only**

Email: [insurance@oltmans.com](mailto:insurance@oltmans.com)

Fax: (562) 695-9750

**Questions or concerns may be addressed by e-mailing the above address, or by calling**

(562) 948-4242 ext. 3451

**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:**

**Oltmans Construction Co.  
10005 Mission Mill Road  
Whittier, CA 90601**

**Owner:**

**Oltmans Construction Co. & Owner(s)  
or "Blanket as 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.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.  
PRIMARY AND NONCONTRIBUTORY –  
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

**Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

SAMPLE

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

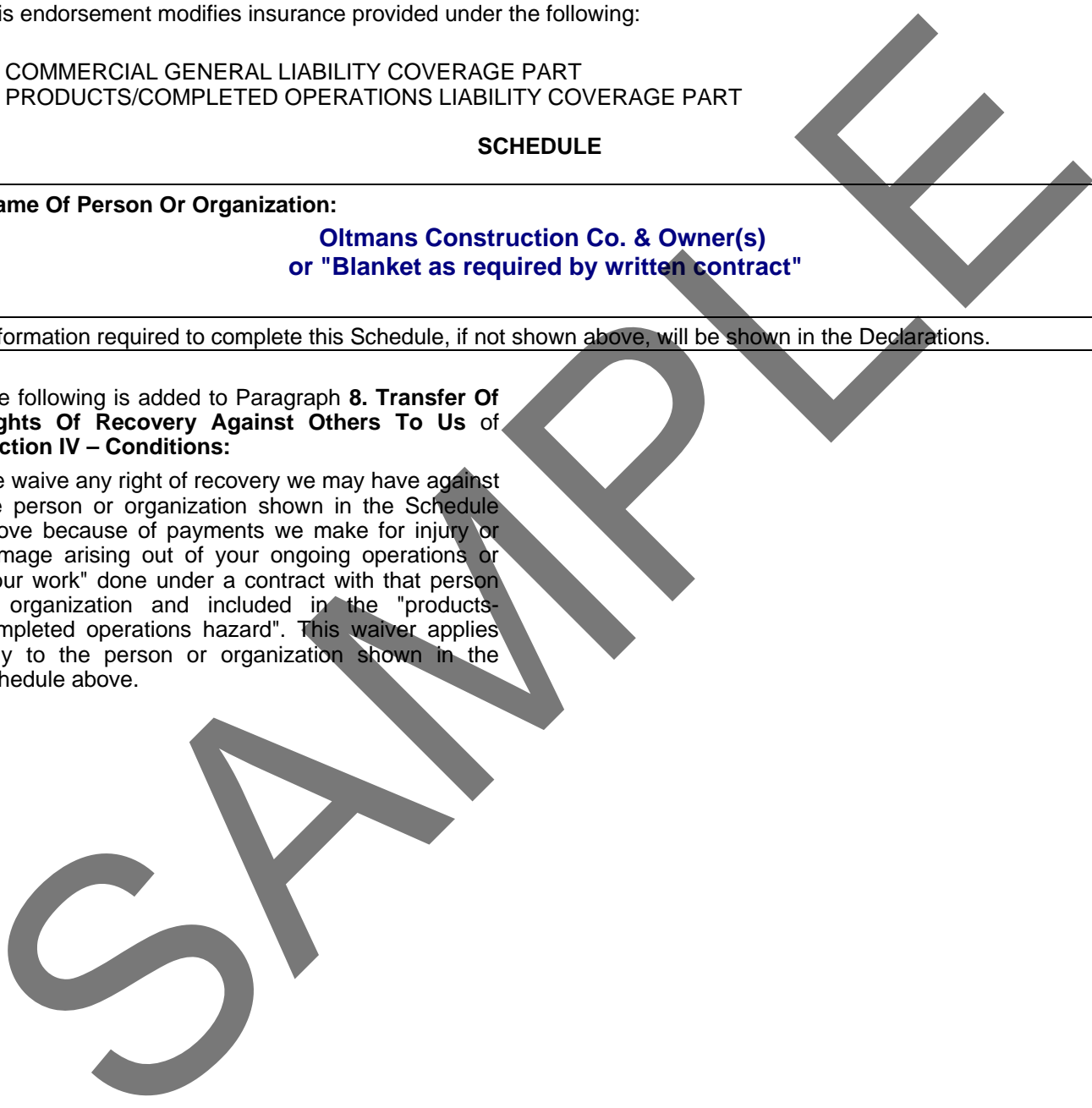
Name Of Person Or Organization:

**Oltmans Construction Co. & Owner(s)  
or "Blanket as required by written contract"**

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM**

### SCHEDULE

<b>Name Of Person Or Organization:</b>
<b>Oltmans Construction Co. &amp; Owner(s) or "Blanket as required by written contract"</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form. The inclusion of additional interest or interests will not operate to increase the limit of our liability.

SAMPLE

Oltmans Construction Co.

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

# **WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>  <b>Endorsement Effective Date:</b>
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### **SCHEDULE**

<b>Name(s) Of Person(s) Or Organization(s):</b>  <p style="text-align: center;"><b>Oltmans Construction Co. &amp; Owner(s)</b>  <b>or "Blanket as required by written contract"</b></p>
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Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

**Oltmans Construction Co. & Owner(s)  
or "Blanket as required by written contract"**

**SAMPLE**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Insured

Effective Policy No.  
SAMPLE

Endorsement No.  
Premium

Insurance Company

Countersigned by \_\_\_\_\_