MEMO



To: All Subcontractors

From: Sisca Construction Services

Subject: Subcontractor Information

Sisca Construction Services requires the following documents when awarding a contract:

- o Copy of your Liability Insurance sent from your Insurance Co. (Sample Attached))
- o Copy of your Worker's Compensation sent from your Insurance Co. (Sample Attached)
- o Copy of All Your Licenses (i.e. Occupational, State, Certificate of Competency)
- O W-9 Form with Your Tax I.D. (FEIN #)

Notes: Job Name must be on all Certificates of Insurance. No payments will be made until our office is in receipt of this information.

Feel free to contact us with any questions or concerns.

Thank you.



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	CONTACT NAME:					
Insurance Agency	PHONE (A/C, No, Ext): XXX-XXX-XXXX [A/C, No): XXX	-xxx-xxxx				
Address	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Name of Insurance Co					
INSURED Name and Address of	INSURER B: Name of Insurance Co					
Subcontractor	INSURER c: Name of Insurance Co					
	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.

	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR N'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- LOC	INSD		Policy#	xx/xx/xxxx	POLICY EXP (MM/DD/YYYY)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	s s	1,000,00 0
GE	N'L AGGREGATE LIMIT APPLIES PER:			Policy#	xx/xx/xxxx	xx/xx/xxxx	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	
	N'L AGGREGATE LIMIT APPLIES PER:				1885a	ALC:			
					1933356	669 800	MED EXP (Any one person)	\$	5,000
				1407 -	. ***** <i>.d</i>		PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	5	2,000,000
AU'	102.01						PRODUCTS - COMP/OP AGG	5	2,000,000
AU.	OTHER:							s	
	TOMOBILE LIABILITY		_		\(\rightarrow\)		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
3 X	ANY AUTO			Policy #	xx/xx/xxxx	xx/xx/xxxx	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	\$	
Х	AUTOS AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	HIRED AUTOS AUTOS			****			M.St. HSSNASON	\$	
х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	s	*2,000,000
	EXCESS LIAB CLAIMS-MADE			Policy #	xx/xx/xxxx	xx/xx/xxxx	AGGREGATE	\$	*2,000,000
	DED X RETENTIONS 0	1 1	- 4				Prod/CoOp	S	*2,000,000
	RKERS COMPENSATION		3	**			X PER OTH-		
	D EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE			Palicy#	xx/xx/xxxx	xx/xx/xxxx	E.L. EACH ACCIDENT	\$	500,000
OFF	CER/MEMBER EXCLUDED?					E.L. DISEASE - EA EMPLOYEE	\$	500,000	
If ye	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s	500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Waiver of Rights to Recover from Others in favor of the Certificate Holder for Workers Compensation is included. 30 days notice of cancellation applies to the certificate holder except 10 days for non-payment of premium.

CERTIFICATE HOLDER	CANCELLATION				
SISCACO Sisca Construction Services, LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
5589 Okeechobee Blvd, Ste 201 West Palm Beach, FL 33417	AUTHORIZED REPRESENTATIVE signature required				

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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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).

certificate holder in lieu of such endorsement(s).							
PRODUCER	CONTACT NAME:						
Insurance Agency		FAX (A/C, No): XXX-XXX-XXXX					
Address	E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE						
	INSURER A: Name of Insurance Co						
INSURED Name and Address of	INSURER B: Name of Insurance Co						
Subcontractor	INSURER C: Name of Insurance Co						
	INSURER D :						
	INSURER E :						
	INSURER F (
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:						
THIS IS TO CERTIEV THAT THE POLICIES OF INSURANCE LISTED RELC	OW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PO	LICY PERIOD					

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		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	X COMMERCIAL GENERAL LIABILITY	X	X		***	b. JF	EACH OCCURRENCE	s	1,000,000
	CLAIMS-MADE X OCCUR	, ,	^	Policy #	xx/xx/xxxx	xx/xx/xxxx	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	50,00
				*			MED EXP (Any one person)	\$	5,00
							PERSONAL & ADV INJURY	ŝ	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			<i></i>			GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-			S. 1			PRODUCTS - COMP/OP AGG	S	2,000,000
	OTHER							\$	
	AUTOMOBILE LIABILITY				No.		COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
в	X ANY AUTO			Policy #	xx/xx/xxxx	xx/xx/xxxx	BODILY INJURY (Per person)	S	
	ALL OWNED SCHEDULED			(200 mg/s)			BODILY INJURY (Per accident)	s	
	X HIRED AUTOS X AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	s	
	A HIRED AUTOS AUTOS						I di dediciti	\$	
	X UMBRELLA LIAB X OCCUR	Х					EACH OCCURRENCE	\$	*2,000,000
С	EXCESS LIAB CLAIMS-MADE			Policy #	xx/xx/xxxx	xx/xx/xxxx	AGGREGATE	s	*2,000,000
_	DED X RETENTIONS 0		1				Prod/CoOp	\$	*2,000,000
	WORKERS COMPENSATION		X				X PER OTH-		
-	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			Policy #	xx/xx/xxxx	xx/xx/xxxx	E.L. EACH ACCIDENT	\$. 500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A	.455				E.L. DISEASE - EA EMPLOYEE	s	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000

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

Job Name:

. The Certificate Holder (Owner, Architect and others as required by written contract) is an Additional Insured with respects to

General Liability arising out of the work performed by the insured per ISO endorsement CG2010 11/85 or equivalent including ongoing and completed operations.

Insurance Coverage is Primary and Non-Contributory to any other insurance available to the Certificate Holder. Waiver of Rights from Others in favor of the

Additional Insured applies as respects General Liability. Waiver of Rights to Recover from Others in favor of the Certificate Holder for Workers Compensation

is included. 30 days notice of cancellation applies to the certificate holder except 10 days for non-payment of premium.

Certain trades require \$5,000,000 per occurrence and per project aggregate limits for Liability. Please review contract for limits required

CERTIFICATE HOLDER		CANCELLATION
Sisca Construction Services, LLC	SISCACO	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
5589 Okeechobee Blvd, Ste 201 West Palm Beach, FL 33417		AUTHORIZED REPRESENTATIVE signature required .