



**\*Please provide this page and the attached form to your insurance agent for compliance.**

### **GENERAL LIABILITY COVERAGE**

General Liability: Comprehensive/Commercial General	\$1,000,000
General Liability: Coverage: Products/Completed Operations	\$1,000,000
General Liability:	Evidence of Occurrence Form
General Liability:	Evidence of WA Stop Gap
General Liability:	Per project Aggregate

### **AUTO LIABILITY**

Automobile Liability Coverage: Combined Single Limit	\$1,000,000
Automobile Liability	Hired & Non owned

### **WORKERS COMP & EMPLOYERS LIABILITY**

Workers Compensation Coverage	WC Statutory Limits
Employers Liability Coverage: Each Accident	\$1,000,000
Employers Liability Coverage: Disease- Each Employee	\$1,000,000
Employers Liability Coverage: Disease-Policy Limit	\$1,000,000

### **DESCRIPTION OF OPERATIONS**

Use the following verbiage in the description of Operation Section: Modelremodel, LLC and owner are added as additional insured for the General Liability policy. This Insurance is primary and waives subrogation rights. No prior work exclusion and no water damage sublimit will apply (if sublimit exists, declare limit here). No sunset clause and no occurrence manifestation provisions apply. No subsidence exclusion applies (only requested for foundation or excavating contractors). Defense Costs outside liability limits.

Must include the attachment of Additional Insured Endorsement naming Modelremodel, LLC on a Primary and Non Contributory basis using (CG 2037) or equivalent (i.e. not limited to "Ongoing operations" – but must include "Your Work" or Completed Operations). If completed work cannot be purchased on this policy, please notate so. Primary wording must be provided on this endorsement or shown on face of certificate that policy is primary per ISO form (or equivalent) CG 0001 (give version date).

Any General Liability or Automobile Liability deductible greater than \$5,000 must be declared. This includes any increased deductible when affording a CG2037 or equivalent endorsement.

### **CANCELLATION SECTION**

Must provide a 30 day cancellation in writing. If possible, please cross out "endeavor to" and "failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

### **CERTIFICATE HOLDER (PLEASE INCLUDE NAME AND ADDRESS):**

**Modelremodel, LLC**  
**1111 W Nickerson St**  
**Seattle, WA 98119**

The Insurance Company affording coverage must have an AMBEST rating of 'A-' or better.

**\*AN APPROVED CERTIFICATE OF ADDITIONAL INSURED AS OUTLINED ABOVE AND SIGNED CONTRACT MUST BE RECEIVED NO LATER THAN 48 HOURS FROM START OF THE PROJECT. YOU WILL RISK BEING REPLACED IF YOU ARE NOT IN COMPLIANCE WITH THIS DEADLINE.**