

Town Center Insurance Requirements for Service Providers

Service Provider shall at its own expense procure and maintain insurance with the minimum insurance terms and general conditions as set forth below.

Service Provider shall provide a Certificate of Insurance that complies with the insurance requirements noted below to Continental Realty. Please make sure the requested Endorsements accompany the Certificate of Insurance.

A. General Liability:

Per Occurrence	\$1,000,000
General Aggregate	\$1,000,000
Products and Completed Operations Aggregate	\$1,000,000
Personal and Advertising Injury Limit	\$1,000,000
Medical Payments	\$5,000

Additional Requirements:

- *Continental Realty, Ltd* and *Columbus/East Town – OP&F, Inc.* are to be Additional Insureds on Service Provider's policy per Insurance Services Office (ISO) forms:
 - o CG 20 10 11 85 or an equivalent form
 - or
 - o CG 20 10 10 01 (premises operations) and CG 20 37 10 01 (completed operations) or equivalent forms.
- Copy of the Insurance Carrier Endorsement(s) evidencing this requirement naming *Continental Realty, Ltd* and *Columbus/East Town – OP&F, Inc.* as Additional Insureds must be included.
- Waiver of Subrogation in favor of all Additional Insureds. Copy of the Insurance Carrier Endorsement evidencing this requirement must be included.
 - Service Provider's insurance is primary and non-contributory as respects all insurance maintained by *Continental Realty, Ltd* and *Columbus/East Town – OP&F, Inc.* Copy of the Insurance Carrier Endorsement evidencing this requirement must be included.
 - Products and Completed Operations Insurance to be maintained after subcontractor's work is completed.

B. Automobile Liability:

Per Accident	\$1,000,000 combined single limit
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Additional Requirements:

- Service Provider's liability insurance to apply to all owned, non-owned, hired and borrowed vehicles.

- *Continental Realty, Ltd and Columbus/East Town – OP&F, Inc.* are to be Additional Insureds. Copy of the Insurance Carrier Endorsement evidencing this requirement must be included.
- Waiver of Subrogation in favor of all Additional Insureds is required. Copy of the Insurance Carrier Endorsement evidencing this requirement must be included.

C. Workers' Compensation:

State	Statutory
Employers Liability (including Ohio Stop Gap)	\$1,000,000 Each Accident
Bodily Injury by Accident	\$1,000,000 Each Accident
Bodily Injury by Disease	\$1,000,000 Policy Limit
Bodily Injury by Disease	\$1,000,000 Each Employee

Additional Requirement:

- Where permitted by law, Waiver of Subrogation in favor of all Additional Insureds. Copy of the Insurance Carrier Endorsement evidencing this requirement must be included.

D. Umbrella/Excess:

Per Occurrence	\$1,000,000
General Aggregate	\$1,000,000
Products/Completed Operations Aggregate	\$1,000,000

E. Cancellation:

Service Provider and its insurers shall provide at least 30 days written notice of cancellation, non-renewal or material alteration of the required insurance. Copy of the Insurance Carrier Endorsement evidencing this requirement must be included.

F. Financial Ratings of Insurance Carrier(s):

The Insurance Carrier(s) must have a financial rating of at least A- VII as defined by the AM Best Company.

Agreed to by:

Name of Service Provider

Date

Signature of Service Provider Representative

Title of Service Provider Representative
