

To: All Subcontractors

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**ROBERT E. PORTER**  
Construction Co., Inc.

1720 W. Lincoln St.  
Phoenix, AZ 85007  
(602) 253-4911  
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**Insurance Requirements**

**Please send the following insurance requirements to your insurance agent they must now be met per our subcontract, unless current job specifications set higher limits.**

- ◆ Subcontractor shall obtain and submit before any work is performed under the contract or within five (5) calendar days after the award of the contract whichever occurs first. Certificates of insurance shall comply with requirements as specified in the contract and as required by the specifications. but in no event shall the limits be less than those specified herein. **Insurance must be carried for the warranty period plus an additional one (1) year.**
- ◆ All insurance certificates need to list **Robert E. Porter Construction Co., Inc.** as the certificate holder. All certificates shall be issued on the current ACORD form. **All Certificates MUST Include the Actual Endorsement Forms.**
- ◆ Insurance carrier(s) must be **A.M. Best: A-:VII rated or better.** All insurance carriers must be rated by A M Best as "A-" in Financial Strength and VII or higher in Financial Size (ambest.com).
- ◆ Failure to meet any of **Robert E. Porter Construction Co., Inc.'s** Insurance Requirements may result in "Insurance Hold", placing a block on payments.

**GENERAL LIABILITY ..... \$1,000,000 Minimum Limits**

- ◆ Commercial General Liability Insurance on an "occurrence" form, including coverage for (a) all operations; (b) subcontract work; (c) contractual obligations; (d) product/completed operations; (e) personal and advertising injury; with limits of at least \$1,000,000 for each occurrence and \$2,000,000 general aggregate and \$2,000,000 products/completed operations aggregate. **Coverage must include a Waiver of Subrogation Endorsement Form. The General Aggregate shall apply on a per project basis.**
- ◆ Must include the **Primary and Non-Contributory Endorsement Form.**
- ◆ Must include the **Additional Insured ISO endorsement forms CG2010B 07/04 AND GC2037 07/04** or their equivalent naming **Robert E Porter Construction Co., Inc., the OWNER of the project, and any additional parties as required by the specifications as additionally insured shall be named as additional insureds for the full limits of liability purchased by the Subcontractor even if those limits of liability are in excess of those required by this agreement.**
- ◆ Must include: Comprehensive Form *-or all of the following -*

All Operations	Subcontract Work	30 Day Notice of Cancellation
Contractual Obligations	Product or Completed Operations	

**AUTOMOBILE ..... \$1,000,000 Minimum Limits**

- ◆ Must include: Any Auto - *or all of the following*

All Owner Autos	Non-Owned Autos	Hired Autos
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**WORKERS' COMPENSATION .....**

- ◆ Coverage A: Statutory Benefits
- ◆ Coverage B: Employers Liability
  - 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
- ◆ Must include a waiver of subrogation endorsement

**\*If your Employers Liability is less than 1,000,000/1,000,000/1,000,000 we need a copy of the "Schedule of Underlying Insurance from your Umbrella Policy stating your Worker's Compensation insurance in increased to 1,000,000/1,000,000/1,000,000 or we need you to have your limits increased.**