



# COVERALL INSURANCE REQUIREMENTS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

XX/XX/20XX

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 have **ADDITIONAL INSURED** provisions or 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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Agency Representative Name	
Agency Legal Name		<b>PHONE (A/C, No, Ext):</b> (555) 555-5555	<b>FAX (A/C, No):</b> (555) 555-5555
Address		<b>E-MAIL ADDRESS:</b> Name@brokeremailaddress.com	
City		ST 11111	
<b>INSURED</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	
Franchised Business Name		<b>INSURER A:</b> Carrier Name #1	
123 Main Street		<b>INSURER B:</b> Carrier Name #2, if applicable	
Suite 1		<b>INSURER C:</b> Carrier Name #3, if applicable	
Anywhere City		<b>INSURER D:</b>	
ST 11111		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** 2020/21 master**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	Y	Y	XXXXXXXXXX	XX/XX/20XX	XX/XX/20XX	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
	NOTE: See Exhibit A for Endorsement Samples						GENERAL AGGREGATE	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							\$	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$	
	OTHER:							\$	
B	<b>AUTOMOBILE LIABILITY</b>			XXXXXXXXXX	XX/XX/20XX	XX/XX/20XX	COMBINED SINGLE LIMIT (Ea accident)	\$ 50,000 or min.	
	BODILY INJURY (Per person)						\$ Statutory limits		
	BODILY INJURY (Per accident)						\$		
	PROPERTY DAMAGE (Per accident)						\$		
	NOTE: Auto policies to be included only if applicable.						Uninsured motorist	\$	
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			XXXXXXXXXX	XX/XX/20XX	XX/XX/20XX	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000	
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE	\$ 5,000,000	
	<input type="checkbox"/> CLAIMS-MADE							\$	
	DED <input checked="" type="checkbox"/> RETENTION \$ XXXX							\$	
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Y/N	N/A	Y	XXXXXXXXXX	XX/XX/20XX	XX/XX/20XX	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								
	If yes, describe under DESCRIPTION OF OPERATIONS below								
	NOTE: If WC is applicable, the box above will need to be checked "N" to include the owners in the policy. Otherwise, owners will be enrolled in Coverall's Franchise Owner On-the-Job Accident policy.								
	BOND (Surety, Fidelity, Crime, etc.)			XXXXXXXXXX	XX/XX/20XX	XX/XX/20XX		\$100,000	

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

Coverall North America, Inc. is an additional insured on a primary and non-contributory basis under the general liability, as required by written contract and evidenced in the attached endorsement(s). Waiver of subrogation applies to the general liability and workers compensation (if applicable) in favor of Coverall North America, Inc., as evidenced in the attached endorsement(s). Umbrella follows form. Care, Custody or Control Coverage is included.

RECOMMENDED: Building Cleaning and Maintenance Contractors General Liability broad form endorsement is included and attached.

**NOTE: ENDORSEMENT PAGES (SEE ATTACHED EXHIBITS FOR SAMPLE) MUST BE ATTACHED TO THE COI TO MEET COVERALL INSURANCE REQUIREMENTS.**

**CERTIFICATE HOLDER****CANCELLATION**

Coverall North America, Inc. 350 SW 12th Avenue  Deerfield Beach FL 33442	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b>
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POLICY NUMBER:XXXXXXXXXX

COMMERCIAL GENERAL LIABILITY

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

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Coverall North America, Inc.	WORK PRODUCTS OF THE NAMED INSURED
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

POLICY NUMBER: XXXXXXXX

**BUSINESSOWNERS**

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

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

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

**SCHEDULE**

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**Name Of Person Or Organization:**

**COVERALL NORTH AMERICA, INC.**

**OR**

**Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy.**

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

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

**PRIMARY AND NONCONTRIBUTORY –  
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

**BUSINESSOWNERS COVERAGE FORM**

The following is added to Paragraph **H. Other Insurance** of **Section III – Common Policy Conditions** 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.

## Exhibit B - WC Endorsement Sample

### WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

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#### 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

Coverall North America, Inc. - 350 SW 12th Ave, Deerfield Beach, FL 33442

or

Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy.

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 Effective	X/XX/XXX	Policy No.	XXXXXXXX	Endorsement No.	1
Insured	Franchise Owner Legal Business Name				
Insurance Company	Carrier Name				

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

**Coverall North America, Inc.**  
**Schedule 1 - Franchised Business Insurance Requirements<sup>1</sup>**

Insurance Type	Minimum Requirements
<p><b>Commercial General Liability</b></p> <p>Policy shall:</p> <ul style="list-style-type: none"> <li>i) Contain a named Insured on the policy in the name of the Franchised Business as identified in the Janitorial Franchise Agreement;</li> <li>ii) Name Coverall North America, Inc. as an Additional Insured on a primary and non-contributory basis and include a waiver of subrogation. Copies of all endorsements must be included along with the certificate of insurance;</li> <li>iii) Not exclude real or personal property in Franchisee's care, custody and control; and</li> <li>iv) Umbrella must follow form.</li> </ul> <p><u>Recommended Endorsement<sup>2</sup>:</u>  To adequately protect your Franchised Business, we strongly recommend that you obtain an endorsement that provides coverage for bodily injury, property damage, loss and personal injury resulting from building, cleaning and maintenance operations at a limit no less than the CGL required policy limits written on an occurrence basis. (Add back coverage removed in standard Exclusion J.)</p>	<ul style="list-style-type: none"> <li>• \$1,000,000 per occurrence</li> <li>• \$2,000,000 in the aggregate</li> <li>• \$5,000,000 umbrella</li> </ul>
<p><b>Automobile</b></p> <p>Policy shall:</p> <ul style="list-style-type: none"> <li>i) Cover property damage, loss and personal injury; and</li> <li>ii) Name Coverall North America, Inc. as an Additional Insured on a primary and non-contributory basis and include a waiver of subrogation.</li> </ul>	<ul style="list-style-type: none"> <li>• \$50,000 minimum; or the amount required by State law, whichever is greater</li> </ul>
<p><b>Workers' Compensation Coverage<sup>3</sup></b>  You must obtain coverage for yourself and your employees**, regardless of state law. Must name Coverall as a certificate holder and include a waiver of subrogation.</p>	<ul style="list-style-type: none"> <li>• State statutory limits</li> </ul>
<p><b>Employers' Liability</b>  You must obtain coverage for yourself and your employees**, regardless of state law. Must name Coverall as a Certificate holder and include a waiver of subrogation.</p>	<ul style="list-style-type: none"> <li>• \$100,000 each accident</li> </ul>
<p><b>Franchise Owners On The Job Accident Coverage</b>  The Coverall Accident Insurance Program provides coverage for the Franchisee and <u>not</u> Franchisee's employees. If you do not participate in the Coverall Franchise Owner On-the-Job Accident Insurance Program and are not covered by a workers' compensation policy, you must obtain comparable insurance coverage according to our minimum specifications, which may change from time to time.</p>	<p>\$20,000 Accidental Death  \$20,000 Accidental Dismemberment  \$20,000 Paralysis  Temporary Total Disability: Maximum Weekly Benefit of \$500 (66-2/3%)/52 Weeks or age 65  Continuous Total Disability: Maximum Weekly Benefit of \$500 (66-2/3%)/52 Weeks or age 65  Accident Medical Expense: Maximum Benefit Period 52 weeks; Maximum Benefit Amount \$50,000; no deductible</p>
<p><b>Janitorial Fidelity Bond</b></p>	<ul style="list-style-type: none"> <li>• \$100,000</li> </ul>
<p><b>Employment Insurance</b></p>	<p>For State or other applicable statutory limits.</p>

<sup>1</sup> Please provide your insurance agent/broker a copy of this Schedule.

<sup>2</sup> Failure to obtain this endorsement may expose your Franchised Business to losses relating to the operations of your Franchised Business that are not covered by insurance.

<sup>3</sup> If your Franchised Business meets exempt status for workers' compensation, you must still procure workers' compensation for any person providing service on behalf of your Coverall Franchised Business who is not a Franchise Owner, regardless of state law.