

CONTRACTUAL INSURANCE REQUIREMENTS

The information contained herein is to describe the contractual requirements that Hamilton County Board Of Commissioners has indicated to myCOI. These contractual requirements should NOT be used to provide inaccurate information regarding current insurance policies. Questions regarding interpretation of this document can be directed to our support team at 317-759-9426.

INSURED	CARRIER REQUIREMENTS
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POLICY LINE		POLICY LIMITS	
GENERAL LIABILITY		EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input checked="" type="checkbox"/> OCCUR	MED EXP (Any one person)	\$
		PERSONAL & ADV INJURY	\$ 1,000,000
		GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER	PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOCATION		\$
AUTO LIABILITY		COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO	BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS	PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS		
<input checked="" type="checkbox"/> NON-OWNED AUTOS			
UMBRELLA /EXCESS LIABILITY	<input type="checkbox"/> OCCUR	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> Claims Made	AGGREGATE	\$
WORKERS COMP /EMPLOYEE LIABILITY		<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
		<input type="checkbox"/> OTHER	
		E.L. EACH ACCIDENT	\$ 500,000
		E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	E.L. DISEASE - POLICY LIMIT	\$ 500,000	
Property		Property Causes of Loss	Deductibles
	<input type="checkbox"/> Basic	Building	Building
	<input type="checkbox"/> Broad	Contents	Personal Property
	<input type="checkbox"/> Special		Business Income
	<input type="checkbox"/> Earthquake		Extra Expense
	<input type="checkbox"/> Wind		Rental Value
	<input type="checkbox"/> Flood		Blanket Building
			Blanket Pers Prop
			Blanket BLDG & PP
			\$
		\$	
Boiler and Machine	<input type="checkbox"/> Boiler & Machinery /Equipment Break Down		\$
			\$
Professional Liability	Professional Liability coverage should be on an occurrence basis.	Each Occurrence: \$1,000,000 Aggregate: \$2,000,000	

Certification Holder

Hamilton County Board of Commissioners C/O: myCOI 1075 Broad Ripple Ave, Suite 313 Indianapolis, IN 46220

ADDITIONAL REQUIREMENTS

Division Name: [Highway Project Template].
 "30 Days Notice of Cancellation Required.

General Liability

"Additional Insured Names: Hamilton County Board of Commissioners; Hamilton County,
 "Coverage for Independent Contractors.
 "Additional Insured applies to General Liability.
 "Waiver of Subrogation is required for General Liability.
 "General Liability is Primary and Non-contributory.
 "Waiver of Subrogation applies in favor of: Hamilton County Board of Commissioners; Hamilton County

Automobile Liability

"Additional Insured applies to Automobile.
 "Waiver of Subrogation is required for Automobile.

"Automobile Liability is Primary and Non-contributory.

"Additional Insured Names: Hamilton County Board of Commissioners; Hamilton County,

"Waiver of Subrogation applies in favor of:Hamilton County Board of Commissioners; Hamilton County

Workers Compensation

"Proprietor/Partner/Executive/Officer/Member must not be excluded.

"Waiver of Subrogation is required for Workers Comp.

"Waiver of Subrogation applies in favor of:Hamilton County Board of Commissioners; Hamilton County

Professional Liability

"Coverage can be claims made or per occurrence.

"Waiver of Subrogation applies in favor of:Hamilton County Board of Commissioners; Hamilton County