

Insurance Section

Independent Contractor (IC) must, at all times, and at IC's own expense, maintain current insurance coverage (naming ServicePower, Inc. its parent, affiliates, and subsidiaries as additional Insured) consistent with the following requirement.

<u>Insurance Coverage Requirements:</u>	
General Liability	\$1,000,000
Products/Comp-Ops Agg	\$1,000,000
Each Occurrence	\$1,000,000
<u>Automobile Liability</u>	
Combined Single limit	\$300,000 OR
Bodily injury (per person)	\$100,000
Bodily injury (per accident)	\$300,000
Property Damage	\$50,000
<u>Workers' Compensation & Employer's Liability</u>	
Workers' Compensation	Statutory
<u>Employers Liability</u>	
Each Accident	\$100,000
Disease Policy Limit	\$100,000
Disease Each Person	\$100,000

Note: If Independent Contractor (IC) is, or believes it may be, exempt from participation in a workers' compensation insurance program, or is self-insured, IC must fill out and sign the WAIVER OF WORKER'S COMPENSATION COVERAGE. Form has been provided.

SERVICE*Power, Inc.*
1503 South Coast Drive
Suite 320
Costa Mesa, CA 92626
Tel: 714.428.0010 Opt. 2
Fax: 714.428.0040
www.servicepower.com



INSURANCE CHECKLIST

The following must be included in the Certificate of Liability Insurance

1. Independent Contractors (IC) company name as it appears on any insurance related documents must EXACTLY match the IC's legal name as it appears on the W-9.
2. Insurance carriers must, WITHOUT EXCEPTION, be rated a "B+ and VI" or better by AmBest Company, whose ratings may be viewed via the Internet at <http://www.ambest.com>. Re-insurers are unacceptable. All policies must be underwritten by a carrier incorporated and headquartered in the United States. All carriers must allow claims to be filed in the United States and provided for payment of claims in the U.S. dollars.
3. Coverage Limits
 - A. General Liability: must be occurrence based. General aggregate, Products Comp/Op Aggregate and Each Occurrence limits must meet or exceed the level specified by ServicePower Inc.
 - B. Auto Liability: must be specified (any auto, all owned autos, scheduled autos, hired autos, or non-owned autos). Limits must be in force either for a Combined Single Limit or Bodily injury (per person), Bodily injury (per accident), and Property Damage. Limit must meet or exceed the level specified by ServicePower Inc.
 - C. Workers' Compensation: must comply with the statutory limits set by your state law. IC's liability coverage must be in force for Each Accident, Disease-Policy Limit, and Disease-Each Employee. Limits must meet or exceed the level specified by ServicePower Inc. **IC must indicate whether any of its' principals are included under or excluded from workers' compensation coverage. If IC is, or believes it may be, exempt from participation in a workers' compensation insurance program, or is self-insured, IC must contact ServicePower, Inc. for further guidance prior to execution of IC Agreement with ServicePower, Inc.**
4. Current, up-to-date insurance certificates must be provided to ServicePower, Inc. at all times.
5. All insurance certificates must list the policy number. Binder numbers are only valid for thirty (30) calendar days.
6. All insurance certificates must list ServicePower Inc, 1503 South Coast Dr. Suite 320 Costa Mesa, CA 92626 as the certificate holder.
7. IC's insurance agent must sign all insurance certificates.
8. All insurance certificates must contain a minimum thirty (30) day written notification of cancellation or modification requirement.
9. The occurrence box must be checked for General Liability.
10. All insurance certificates (except any Workers' Compensation Certificate or Insurance) must contain the following EXACT statement: "ServicePower, Inc., Inc., its Parent, Affiliates, and Subsidiaries are added as additional insured's". The phrases "Additional Interest" or "Shall be added" will not be accepted.



SAMPLE

DATE (MM/DD/YY) Current
Date

SAMPLE CERTIFICATE OF LIABILITY INSURANCE

Producer's information Producer		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
Company Name and Address or DBA Company Must be entered here		COMPANIES AFFORDING COVERAGE COMPANY A ALL INSURANCE CARRIERS TO BE SHOWN (EXAMPLE) COMPANY B INSURANCE COMPANY (A.M. BEST RATING) COMPANY C COMPANY D				
Coverage THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATION MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
<input checked="" type="checkbox"/>	GENERAL LIABILITY COMMERCIAL GEN LIAB. CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNERS CONTRACTORS PROT	NOTE 1 POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	GENERAL AGGREGATE	\$1,000,000
<input type="checkbox"/>	AUTOMOBILE ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTO <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	NOTE 2 POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	PRODUCTS-COMP/OP AGC	\$1,000,000
<input type="checkbox"/>					PERSONAL & ADV INJURY	\$1,000,000
<input type="checkbox"/>	GARAGE LIABILITY ANY AUTO				EACH OCCURRENCE	\$1,000,000
<input type="checkbox"/>					FIRE DAMAGE (Any one fire)	
<input type="checkbox"/>	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM		EFFECTIVE DATE	EXPIRATION DATE	COMBINED SINGLE LIMIT	
<input type="checkbox"/>					BODILY INJURY (Per Person)	\$100,000
<input type="checkbox"/>	WORKERS COMP. & EMPLOYERS LIABILITY THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL. <input type="checkbox"/> EXCL.		EFFECTIVE DATE	EXPIRATION DATE	BODILY INJURY (Per Accident)	\$300,000
<input type="checkbox"/>					PROPERTY DAMAGE	
<input type="checkbox"/>	OTHER				AUTO ONLY - EA ACCIDENT	\$300,000
<input type="checkbox"/>					OTHER THAN AUTO ONLY	
<input type="checkbox"/>	OTHER				EACH ACCIDENT	\$300,000
<input type="checkbox"/>					AGGREGATE	
<input type="checkbox"/>	OTHER				EACH OCCURRENCE	
<input type="checkbox"/>					AGGREGATE	
<input type="checkbox"/>	OTHER				WC STATUTORY LIMITS	Statutory
<input type="checkbox"/>					OTHER	
<input type="checkbox"/>	OTHER				EL EACH ACCIDENT	\$100,000
<input type="checkbox"/>					EL DISEASE - POLICY LIMIT	\$100,000
<input type="checkbox"/>	OTHER				EL DISEASE - EA EMPLOYEE	\$100,000
<input type="checkbox"/>						
					**Excess / Umbrella Limit in an amount satisfactory to meet the requirements 1, 2, & 4.	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS ServicePower Inc., its direct and indirect parents, subsidiaries, affiliates and assigns are listed as an Additional Insured.						
CERTIFICATE HOLDER ServicePower Inc. 1503 South Coast Dr. Suite 320 Costa Mesa CA 92626			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
(Certificate Holder must be worded as above)			AUTHORIZED REPRESENTATIVE ORIGINAL SIGNATURE REQUIRED			