



Subcontractor Certificate of Insurance Review

INSURED:
PROJECT:
SUBCONTRACTOR:

GENERAL LIABILITY: COI was submitted? (Y/N): Policy was submitted: (Y/N/PARTIAL)
Admitted in NYS?: AM Best Rating: Subcontractor's Classification:
Coverage Questions Answers/Notes
Per Project Aggregate Limit: Does the policy have one? What is it?
Additional Insured: Does it provide coverage for ongoing and completed operations?
Additional Insured: Does it require privity of contract?
Waiver of Subrogation: Is the wording in the policy?
Waiver of Subrogation: Is it in favor of all Additional Insureds?
Waiver of Subrogation: Does it require privity of contract?
Primary & Noncontributory: Is the wording in the policy?
Endorsements: Does it cover hired/non-owned autos?
Endorsements: Does it include any endorsements that modify the following coverages (if Y, please attach)?
Five boroughs/NYC: Condos/Residential: Class/Labor Limitations: Heights:
EIFS: Subsidence/Earth: Labor Law 240/241: Sub Warranty/Hammer:

Additional Notes on Coverage:

EXCESS LIABILITY: LIMITS: COI was submitted? (Y/N): Policy was submitted: (Y/N/PARTIAL)
Admitted in NYS?: AM Best Rating:
Coverage Questions Answers/Notes
Policy: Does it follow the forms of the underlying layer?
Policy: Does it schedule the auto policy?
Per Project Aggregate Limit: Does the policy have one? What is it?
Additional Insured: Does it provide coverage for ongoing and completed operations?
Waiver of Subrogation: Is the wording in the policy?
Waiver of Subrogation: Is it in favor of all Additional Insureds?
Primary & Noncontributory: Is the wording in the policy?
Endorsements: Does the policy include any endorsements that modify the following coverages (if Y, please attach)?
Five boroughs/NYC: Condos/Residential: Class/Labor Limitations: Heights:
EIFS: Subsidence/Earth: Labor Law 240/241: Sub Warranty/Hammer:

Additional Notes on Coverage:

Please use a second sheet for each layer of excess liability

WORKER'S COMPENSATION COI was submitted? (Y/N): Policy was submitted: (Y/N/PARTIAL)
Admitted in NYS?: AM Best Rating:
Coverage Questions Answers/Notes
Policy: Is coverage provided for location/project?
Waiver of Subrogation: Is the wording in the policy?
Waiver of Subrogation: Is it in favor of all Additional Insureds?
Waiver of Subrogation: Does it require privity of contract?

Additional Notes on Coverage:

Y: Satisfies the contract N: Does not satisfy the contract N/A: Not applicable W: Waived by client



Subcontractor Certificate of Insurance Review

INSURED:	
PROJECT:	
SUBCONTRACTOR:	

AUTO:	COI was submitted? (Y/N): _____	Policy was submitted: (Y/N/PARTIAL) _____
Admitted in NYS?: _____	AM Best Rating: _____	
Coverage Questions		Answers/Notes
Policy: Is coverage provided?		
Additional Insured: Does it provide coverage for ongoing and completed operations?		
Waiver of Subrogation: Is the wording in the policy?		
Waiver of Subrogation: Is it in favor of all Additional Insureds?		
Additional Notes on Coverage:		

OTHER INSURANCE:	COI was submitted? (Y/N): _____	Policy was submitted: (Y/N/PARTIAL) _____
Admitted in NYS?: _____	AM Best Rating: _____	
Coverage Questions		Answers/Notes
Policy: Is coverage provided?		
Additional Insured: Does it provide coverage for ongoing and completed operations?		
Waiver of Subrogation: Is the wording in the policy?		
Waiver of Subrogation: Is it in favor of all Additional Insureds?		
Additional Notes on Coverage:		

OTHER INSURANCE:	COI was submitted? (Y/N): _____	Policy was submitted: (Y/N/PARTIAL) _____
Admitted in NYS?: _____	AM Best Rating: _____	
Coverage Questions		Answers/Notes
Policy: Is coverage provided?		
Additional Insured: Does it provide coverage for ongoing and completed operations?		
Waiver of Subrogation: Is the wording in the policy?		
Waiver of Subrogation: Is it in favor of all Additional Insureds?		
Additional Notes on Coverage:		

Please use a second sheet for any other insurance coverages

Y: Satisfies the contract N: Does not satisfy the contract N/A: Not applicable W: Waived by client

By signing below, I hereby attest, as authorized representative of the above-referenced brokerage/agency, that the information herein regarding the subcontractor's insurance program is accurate and complete.

BROKERAGE/AGENCY:	PHONE:	
ADDRESS:	EMAIL:	
BROKER/AGENT COMPLETING FORM, IN PRINT:		
BROKER/AGENT COMPLETING FORM, SIGNED:		