

## EXHIBIT-C

### Insurance Requirements for Contractors, Architects and Engineers Contractors:

1. Projects under \$500,000 of contract cost (including materials, whether purchased by the Diocese or not).
2. Projects more than \$500,000 on same criteria as above.

#### **General Liability:**

Contractor shall obtain and maintain at all times prior to starting work and until completion of the project Commercial General Liability insurance with limits of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate for Bodily Injury, Property Damage and Personal Injury and will include the perils of Products and Complete Operations. The policy will contain a Contractual Liability endorsement and will list Frank J. Dewane, as Bishop of the Diocese of Venice, a corporation sole, and his successors in office and the Diocese of Venice in Florida, Inc., as Additional Insureds A.T.I.M.A.

#### **Automobile Liability:**

Contractor shall obtain and maintain at all times prior to starting work and until completion of the project, Automobile Liability Insurance, covering the perils of Bodily Injury and Property Damage, with limits of not less than \$1,000,000 Combined Single Limit per occurrence.

#### **Workers' Compensation:**

Contractor shall obtain and maintain at all times prior to starting work and until completion of the project, Workers' Compensation Insurance with Florida Statutory Limits as well as Employer's Liability with limits of not less than \$1,000,000 per occurrence, \$1,000,000 per person for disease, \$1,000,000 in the aggregate.

#### **Builder's Risk:**

The Diocese of Venice provides its own builder's risk insurance. Contractor hereby acknowledges that such insurance is intended to cover the interest of the Diocese only. The contractor's tools, equipment and materials ARE NOT covered by the Diocesan builders' risk insurance.

#### **Performance Bond:**

The contractor will provide the Diocese of Venice with a letter of commitment from his bonding company agreeing to issue a Performance Bond for the full amount of the Contract. The Diocese reserves the right to purchase such a bond or not.

All the above applies for contracts with values of less than \$500,000. In case of projects more than \$500,000 in value, the following will be added:

#### **General Liability:**

The General Liability policy limits will be \$1,000,000 per occurrence, \$3,000,000 aggregate. The policy will be further endorsed to show that an unimpaired limit of liability will apply to each specific project. The contractor further agrees to maintain in full force and effect, Products and Completed Operations coverage for a period of not less than three years after the completion of the project.

All the above insurance is to be effective with Insurance Companies licensed to do business in the State of Florida and carrying a Best Rating of not less than "A" "VIII."

The General Liability policy will provide waiver of subrogation in favor of Frank J. Dewane, as Bishop of the Diocese of Venice, a corporation sole and his successors in office and the Diocese of Venice in Florida, Inc., as additional insureds A.T.I.M.A.

#### **Conditions Applicable to Architects and Engineers:**

Maintain at all times in full force and effect Architects and Engineers Professional Liability Insurance with limits of not less than \$500,000 for projects up to \$500,000 in value and \$1,000,000 for projects that exceed \$500,000 in value.

# EXAMPLE CERTIFICATE FOR JOBS UNDER \$500,000



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

**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> Local Agent, LTD 1234 Local Drive Anytown, FL 33333	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____ <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center; border: none;"><b>NAIC #</b></td> </tr> <tr> <td style="border: none;">INSURER A : Insurer A (A.M BEST rated at least A+ VIII)</td> <td style="border: none;">11555</td> </tr> <tr> <td style="border: none;">INSURER B : Insurer B (A.M Best reated at least A+ VIII)</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER C :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F :</td> <td style="border: none;"></td> </tr> </table>	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	INSURER A : Insurer A (A.M BEST rated at least A+ VIII)	11555	INSURER B : Insurer B (A.M Best reated at least A+ VIII)		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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<b>INSURED</b> ABC Contracting Inc 1234 Industrial Drive Othertown, FL 33333															

**COVERAGES** **CERTIFICATE NUMBER: 1356339583** **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>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	Y	Y	BP1006818	4/1/2018	4/1/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$Included MED EXP (Any one person) \$Nil PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BP1006818	4/1/2018	4/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$1,000,000 \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	BP1006818	4/1/2018	4/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

Frank J. Dewane, as Bishop of the Diocese of Venice, a corporation sole and his successors in the office and the Diocese of Venice in Florida, Inc, and the (entity name) are named as additional insureds. Insurance is primary and Non-Contributory to the insurance of the additional insured. The General Liability policy will provide a waiver of subrogation in favor of Frank J. Dewane, as Bishop of the Diocese of Venice, his successors in the office and the Diocese of Venice in Florida, Inc. as additional insureds.

**CERTIFICATE HOLDER**

**CANCELLATION**

Frank J. Dewane, as Bishop of the Diocese of Venice, a corporation sole and his successors in the office and the Diocese of Venice in Florida, Inc and (the entity name for the contracted project) 1000 Pinebrook Rd. Venice, FL 34285	<p><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></p> <p><b>AUTHORIZED REPRESENTATIVE</b></p>
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**EXAMPLE CERTIFICATE FOR JOBS OVER \$500,000**



**CERTIFICATE OF LIABILITY INSURANCE**

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<b>INSURER B:</b> Insurer B (A.M Best reated at least A+ VIII)	
<b>INSURER C:</b> _____	
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