



Insurance Requirements

Certificates of Insurance must be provided prior to beginning work. 30 day notice of cancellation is provided to the certificate holder on all policies. See sample certificate attached.

General Liability coverage must be for a minimum of \$1,000,000 each occurrence, \$2,000,000 general aggregate with a per project endorsement, and products and completed operations may not be excluded. RECO Enterprises, Owner and all other parties required of the General Contractor, must be listed as certificate holder, additional insured, and with a waiver of subrogation. General Liability coverage is Primary and Non-Contributory.

Workers Compensation must be for the statutory amount and include Employer's Liability with a minimum of \$500,000. RECO Enterprises, Owner and all other parties required of the General Contractor, must be listed as Alternate Employer with a waiver of subrogation. NO Affidavits will be accepted.

Business Auto Liability with recommended limits of at least \$1,000,000 each accident, but with minimum coverage of \$300,000 each accident. Business Auto coverage must include coverage for liability arising out of all owned, leased, hired and non-owned automobiles. RECO Enterprises, Owner and all other parties required of the General Contractor, shall be included as additional insured on the auto policy with a waiver of subrogation.

All coverage must be kept in full force throughout the project and until all retainage has been released and paid. (No insurance – No check.)

The insurance certificate or certificates must be an **original** certificate issued by your insurance agent or insurance company and dated no more than 30 days prior to Contract Date. It may not be a copy of one previously submitted to someone else. Please provide a copy of this sheet to your insurance company today and have them email/mail the certificate or send it via facsimile to:

RECO Enterprises
P O Box 471766
Tulsa, OK 74147-1766
(918) 665-4245 fax
office@recoent.com or terry@recoent.com

A Sample Certificate is attached (two pages).

No photocopied or hand-delivered certificates will be accepted. Facsimiles or email must be sent by your insurer. Call if you have questions (918) 665-4244.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/1/2011

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 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).

PRODUCER ABC Company	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED ABC Company	INSURER A: A VII rated or better		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: **SAMPLE** for subs 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	XXXXXXXXXXXX	xx/xx/xxxx	xx/xx/xxxx	MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS	X	X	XXXXXXXXXXXX	xx/xx/xxxx	xx/xx/xxxx	\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
							\$
A	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	X					\$
	DED <input type="checkbox"/> RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE \$ 500,000
			X				E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER Reco Enterprises PO Box 471766 Tulsa, OK 74147	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

COMMENTS/REMARKS

As required by written contract, Reco Enterprises is an Additional Insured with respect to General Liability & Automobile. Furthermore, Reco Enterprises is listed as an Alternate Employer as respects Workers Compensation. Waiver of Subrogation applies to the General Liability, Automobile, and Workers Compensation policies. General Liability coverage is Primary & Non-Contributory. 30 day notice of cancellation is provided to the certificate holder on all policies.