



EXHIBIT C

Site Specific Insurance Requirements

I. Insurance Appendix

- A. Subcontractor shall, at its own expense, maintain in effect at all times during the performance of the work under the Subcontract not less than the following coverage and limits of insurance which shall be maintained with insurers and under forms of policies satisfactory to Contractor, Architect and Owner:

COVERAGES TO BE PROVIDED

<u>TYPE</u>	<u>LIMIT OF LIABILITY</u>
Workers Compensation	Statutory, including occupational disease and stop gap coverage (for work performed in monopolistic fund states)
Employers Liability	\$1,000,000
Commercial General Liability	\$1,000,000 per occurrence
ISO Form CG 0001	\$2,000,000 general and aggregate and
Occurrence form	\$2,000,000 products/completed operations aggregate
	Subcontractor shall maintain the products/completed operation coverage for a period of three (3) years after completion of the work under this agreement under ISO endorsement 20 37 or equivalent.
Automobile Liability	\$1,000,000 each accident or loss; all vehicles covered including but not limited to hired and non-owned.

II. GENERAL REQUIREMENTS

- A. All coverages required above must be maintained by insurance carriers licensed to do business in the State(s) where the project is located and having at least an A.M. Best's rating of "A-VII" or greater.
- B. All coverages required shall be maintained without interruption from the date of commencement of work on any project through and including the date of final payment to the subcontractor.
- C. With respect to the Commercial General Liability insurance, GBC Construction, LLC and any owner, general contractor or other party which GBC Construction, LLC is obligated to indemnify and/or for which GBC Construction, LLC must provide insurance coverage, shall be named as an additional insured.
- D. All policies shall be endorsed to contain a waiver of subrogation against GBC Construction, LLC, and all of the parties to be named as additional insureds as stated hereinabove.
- E. All policies shall contain provisions to the effect that the coverages provided by such policies shall be primary insurance and shall not be adversely effected or diminished by reason of any other insurance coverage maintained by any of the parties to be named as additional insured nor shall the acts or omissions of any named insured give rise to a right on the part of the insurer to refuse or diminish the payment of losses to or for the benefit of any named or additional insured or otherwise result in the avoidance of the insurer's liability.
- F. All policies shall contain endorsement providing at least (30) days prior written notice to all insureds, additional insureds, and certificate holders in the event any coverage is cancelled, non-renewed or materially changed, whether initiated by the insurer or by any insured.
- G. Certificates of insurance acceptable to GBC Construction, LLC must be provided for the project upon which the subcontractor is providing services or materials. The insurance certificate shall at a minimum, contain the following:
- H. Each certificate of insurance must Read: XXXXX - xxxxxxxxxxxx
- I. The certificate of insurance shall expressly state that GBC Construction, LLC and all other required parties are named as additional insured's (See Additional Insured Endorsement below) with respect to the policies maintained by the Subcontractor.
- J. The certificate of insurance should specifically reference all of the other requirements set forth herein.
- K. A separate certificate of insurance should be provided for each project at which the Subcontractor will be providing labor, material or services to GBC Construction, LLC.

ADDITIONAL INSURED ENDORSEMENT

GBC Construction LLC, its affiliates, officers, directors, employees, agents and servants and "xxxxxxxxxxxxxxxxx" are named as additional insured's with a waiver of subrogation and with the first named insured agreeing to pay all deductibles. Further this policy will act as primary insurance to all other insurance or self-insurance maintained by the above-identified additional insured's. (All names of all other parties required to be named as additional insured shall all be included using this same format.)

Please note: Work will be prohibited until all requirements on insurance certificates are met. Thank you for your cooperation.

Please call 541-752-0381 with any questions or concerns.