

INSURANCE REQUIREMENTS FOR OUTSIDE VENDORS AND CONTRACTORS

*Please instruct your insurance agent to send us an updated Certificate of Insurance and we have provided our new requirements below.
(SAMPLE COI ATTACHED)*

If below requirements are not met, the COI will be rejected.

QUESTIONS: 952-921-2050

The Insurance Certificate should show proof of commercial general liability coverage:

Commercial general liability insurance, including without limitation, coverage for bodily injury, property damage, personal injury, contractual liability (applying to this Agreement), and products-completed operations liability, having a combined single limit of **not less than \$1,000,000 per occurrence** and umbrella coverage of **not less than \$3,000,000** for a total of **\$4,000,000**.

*Umbrella liab box **must** be checked. Project or Loc box **must** be checked.*

Such policy shall not contain explosion, collapse and/or underground exclusions.

Comprehensive **automobile liability** insurance, with a combined single limit of **not less than \$1,000,000 per occurrence**. *If not checking **Any Auto** box, then check **either Owned Autos or Scheduled Autos along with Hired, Non-Owned Auto boxes.***

Applicable **worker's compensation** in statutory limits, and Employer's Liability insurance in the amount of **at least \$500,000 per occurrence**.

Any other insurance commonly used by contractors for services of the type performed pursuant to this Agreement or reasonably required by Owner from time to time.

The certificate should include, as additional insured, the following:

Work performed at Normandale Lake Office Park
ML-AI Normandale, LLC and Cushman & Wakefield U.S., Inc.
Primary and Non-Contributory *language*
Waiver of Subrogation *language*
Minimum 30-day Notice Cancellation *language*

The Certificate Holder:

Cushman & Wakefield U.S., Inc.
5600 West 83rd Street, Suite 280
Bloomington, MN 55437



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
CURRENT DATE

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).

PRODUCER PRODUCER / BROKER NAME AND ADDRESS	CONTACT NAME:		
	PHONE (A/C, No., Ext):	FAX (A/C, No):	
INSURED NAMED INSURED ENTITY NAME AND ADDRESS	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :	INSURER A NAME	NAIC #
	INSURER B :	INSURER B NAME	NAIC #
	INSURER C :	INSURER C NAME	NAIC #
	INSURER D :		
	INSURER E :		

COVERAGES CERTIFICATE NUMBER: 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
X	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	POLICY NUMBER	DATE	DATE	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO or 3 boxes checked <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	POLICY NUMBER	DATE	DATE	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
X	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	POLICY NUMBER	DATE	DATE	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A		N/A	POLICY NUMBER	DATE	DATE	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

- Additional Insured - OWNER ENTITY, as owner and Cushman & Wakefield U.S., Inc., a Missouri Corporation
- Primary and Non-Contributory (General, Automobile & Umbrella)
- Waiver of Subrogation
- Notice of Cancellation 30 Days

CERTIFICATE HOLDER Cushman & Wakefield U.S., Inc. 5600 West 83rd Street, Suite 280 Bloomington, MN 55437	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 SIGNATURE OF PRODUCER/BROKER

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