# CONTRACTUAL INSURANCE REQUIREMENTS

The information contained herein is to describe the contractual requirements that Cape Fear Construction had indicated to myCOI. These contractual requirements should NOT be used to provide inaccurate information regarding current insurance policies. Questions regarding interpretation of this document can be directed to our support team at 317-759-9426.

## INSURED NAME

Your Company's Name Address City, State & Zip Code Phone Number

# CARRIER REQUIREMENTS

#### NOTE: This is a Sample Certificate Of Insurance showing information required by Cape Fear Construction.

	20	140	JIL.	THIS IS A SAITI	de Certificate Of I	Hour	ance snowing information req	ulli	ed by Cape real Corisi	action.		
Ú.	POLICY LINE						POLICY LIMITS REQ					
GENERAL LIABILITY							EACH OCCURRENCE DAMAGES TO RENTED	\$	1,000,000			
	CLAIMS MADE					4	PREMISES (Ea cocurrence)  MED EXP (Any one person)	\$		ſ		
		OCCUR					PERSONAL & ADVINJURY	\$	1,000,000			
							GENERAL AGGREGATE	-	2,000,000			
	GEN'LAGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG		2,000,000			
		POLICY		PROJECT	X LOCATION							
AUTO LIABILITY		SCHEDULED AUTOS HIRED AUTOS					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000			
	X						BODILY INJURY (Per person)	\$				
	x						BODILY INJURY (Per accident)	\$				
	Х						PROPERTY DAMAGE (Per accident)	\$				
GARAGE LIABILITY		ANY AUTO					AUTO ONLY - EA ACCIDENT	\$				
	, and the same of						OTHER THAN EAACC AUTO ONLY: AGG	\$				
EXCESS/ UMBRELLA LIABILITY							EACH OCCURRENCE	\$	5,000,000	-		
		OCCUR CLAIMS MADE					AGGREGATE	\$				
						_	X	┝	T T			
WORKCOMP AND EMPLOYERS LIABILITY						WC STATUTORY LIMITS	1	OTHER				
							E.L. EACH ACCIDENT	_	1,000,000			
							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE POLICY LIMIT		5 1,000,000 5 1,000,000			
Î							,	700	*			
N.												

## **CERTIFICATE HOLDER**

Cape Fear Construction Group, LLC

C/O: myCOI 1075 Broad Ripple Ave, Suite 313 Indianapolis, IN 46220