

## EXHIBIT F-1

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

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 POLICES 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).

<b>PRODUCER</b>  AGENT'S NAME and ADDRESS	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ EMAIL ADDRESS: _____ INSURER(S) AFFORDING COVERAGE INSURER A : Ins Co A- Best guide A-VII or better NAIC# INSURER B : Ins Co A- Best guide A-VII or better NAIC# INSURER C : Ins Co A- Best guide A-VII or better NAIC# INSURER D : Ins Co A- Best guide A-VII or better NAIC# INSURER E : Ins Co A- Best guide A-VII or better NAIC#
<b>INSURED</b> SUBCONTRACTOR'S NAME and ADDRESS	

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	Y	Policy #	XX/XX/XX	XX/XX/XX	EACH OCCURENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea Occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	Y	Policy #	XX/XX/XX	XX/XX/XX	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY(Per person) BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE	Y	Y	Policy #	XX/XX/XX	XX/XX/XX	EACH OCCURENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	Y	<b>For Earth Retention (shoring), Concrete, Masonry, Steel, Windows/Curtainwall, Exterior Wall Systems (building envelope), Roofing, Conveying System (elevator and escalator), Plumbing, Fire Protection, HVAC, and Electrical</b>			EACH OCCURENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b> Y/N <input checked="" type="checkbox"/> ANY PROPRIETOR/ PARTNER/EXECUTIVE OFFICERS/MEMBER EXCLUDED? <input checked="" type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATION below	N/A	Y	Policy #	XX/XX/XX	XX/XX/XX	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH ER DISEASE - POLICY LIMIT \$ 1,000,000 DISEASE-EACH EMPLOYEE \$ 1,000,000
	<b>PROFESSIONAL LIABILITY</b>		Y	Policy #	XX/XX/XX	XX/XX/XX	EACH OCCURENCE \$ 1,000,000
	<b>POLLUTION LIABILITY</b>	Y	Y	Policy #	XX/XX/XX	XX/XX/XX	EACH OCCURENCE \$ 2,000,000

**DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES (Attach Acord 101, Additional Remarks schedule, if more space is required)** WEO Job «Job Number», Project: «Project Name» at «Address », «City State Zip ». W.E. O'Neil Construction Co. Tennessee, O'Neil Industries, «Owner», their directors, officers, employees, agents and other parties required by the subcontract are included as additional insureds arising out of work performed. Waiver of Subrogation and Thirty (30) days notice of cancellation endorsements apply in favor of additional insureds.

**CERTIFICATE HOLDER****CANCELLATION**

**W.E. O'Neil Construction Co. of Tennessee**  
**1587 Mallory Lane, Suite 100**  
**Brentwood, TN 37027**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

AUTHORIZED REPRESENTATIVE

## Exhibit F-2 INSURANCE SUPPLEMENTAL REQUIREMENTS

In accordance with W. E. O'Neil Construction Co. of Tennessee Standard Subcontract, Subcontractor is required to obtain and maintain the following insurance coverage per Exhibit F-1 and F-2 from an Insurance Company with an A. M. Best Financial Strength Rating no less than A-. Prime Subcontractor shall require their subcontractors of any tier to obtain and maintain equivalent insurance.

Where applicable, U.S. Longshore and Harborworkers Compensation Act Endorsement or the Maritime Coverage Endorsement should be attached to the policy. To the fullest extent permitted by law, subcontractor is required to obtain a waiver of subrogation on the CGL, Business Automobile, Workers' Compensation and Umbrella Liability policies.

This Exhibit is intended to supplement the insurance requirements set forth in the Standard Subcontract Agreement and the Prime Contract. Subcontractor is required to maintain the greater of the insurance requirements specifically set forth in the Standard Subcontract Agreement, Prime Contract, or those identified in this Exhibit F-1 and F-2.

**Certificates of Insurance:** Certificates identifying coverage shall be in sufficient detail as to identify coverages required, similar to Exhibit F-1, and must be received by Contractor and others required by contract prior to entering the project site.

### **Commercial General Liability:**

- If the CGL coverage shall contain General Aggregate Limit, such Aggregate Limit should apply separately to each project.
- CGL coverage shall be written on Insurance Services Office (ISO) occurrence from CG 00 01 (with an edition date no earlier than 10/01) or an equivalent, providing coverage for liability arising from premises, operations, blanket contractual of a type that provides coverage for the indemnification clause in this subcontract, independent contractors, products-completed operations, and personal injury and advertising injury.
- Subcontractor required to maintain CGL coverage for itself and all additional insured for the duration of the project and maintain completed operations coverage for itself and each additional insured for the length of the state's statute of repose of the state where the project is located or if such state does not have a statute of repose, a minimum of 5 years after the completion of the work.

**Commercial Automobile Liability:** Coverage should include liability arising out of all owned, leased, hire and non-owned automobiles.

**Commercial Excess / Umbrella Liability:** Coverage should include all entities that are additional insured on the CGL.

**Endorsements:** This Certificate of Insurance must be accompanied by (a) all required Additional Insured endorsements, and (b) the Waiver of Subrogation endorsement applicable to the Workers Compensation policy. The Commercial General Liability policy shall specifically include ISO Additional Insured Endorsements CG 2010 and CG 2037 10-01 editions. The coverage for the additional insureds shall provide primary, non-contributory coverage AND include completed operations coverage.

**Professional Liability** shall be provided by subcontractors that perform design, engineering based or other professional services as part of the work.

This shall specifically include, but is not limited to, those involved with architecture (all forms), engineering services (e.g., acoustics, chemical, civil, control systems, electrical, environmental, geologists, geotechnical, green/landscaping design, HVAC, industrial, information/software, interior design, fire protection, land surveyors, lighting, mechanical, plumbing, process, structural, transport, value and utility), and other disciplines that require a stamp or state license.

**Pollution Liability** shall be provided by subcontractors that perform any work dealing with abatement, hazardous materials, irritants, contaminants, mold or mildew, or any environmentally-regulated work.

This shall specifically include, but is not limited to, those involved with carpentry, carpeting, concrete, demolition, drilling, doors/windows, drywall, electrical, excavation, exterior wall systems, fire protection, flooring, foundations, HVAC, insulation, masonry, painting, plastering, plumbing, remediation, roofing, siding, security, site-work/grading, steel, windows/curtainwall, site work/grading, welding and wells/septic.

**Watercraft/Aircraft/Helicopters/Drones Liability** shall be provided by subcontractors that utilize watercraft, aircraft, helicopters or drones as part of the work.

**Watercraft** \$5,000,000 per occurrence  
**Helicopters** \$10,000,000 per occurrence

**Aircraft** \$5,000,000 per occurrence  
**Drones** \$2,000,000 per occurrence

This shall specifically include, but is not limited to, those involved with working on a barge or similar watercraft, hoisting equipment through the use of a helicopter, flying drones on the project site to capture topography, quality control elements, marketing data, etc.