

Form #500 (Rev. February 6, 2012)
General Contractor CGL Warranty

Attaching to and forming part of Builders Risk Broad form or Fire & EC Form

APPLICABILITY CLAUSE

- It is hereby agreed and understood that the following warranties apply to and form part of the attached policy. The insured is required to do all reasonably possible to ensure all of the following warranties are complied with. Reasonable actions include, but are not limited to:
 - o Incorporating these warranties into contracts with the sub-trades (where appropriate). Where there is no contract between the insured and a sub-trade, the insured must give written notice of these warranties to the appropriate sub-trade.
 - o The insured is expected to follow through with occasional checks of the project site to ensure the sub-trades actions are not leading to a breach of any of these warranties.
 - o Where a project safety manual or procedure manual is in place, the insured is expected to write these warranties into the manual so all employees and other stakeholders in the project can review.
- All of these warranties have been written so as to apply to the more common site situations, however, if you require clarification or a more specific warranty written for the project, your request should be presented to underwriters in writing. It may require that a site inspector be sent by underwriters.
- Breach of any of these warranties will render the policy null and void
- Confirmation of any change or variation in these warranties must be obtained from Premier Marine in writing and must be attached to this policy by endorsement or clearly indicated on the policy declaration(s) page, to be valid.

The insured must obtain written proof of CGL insurance (minimum of \$2 million limit) from the general contractor prior to allowing them to commence work on site.

EXCEPT AS PROVIDED HEREIN, ALL THE TERMS AND CONDITIONS OF THIS POLICY SHALL HAVE FULL FORCE AND EFFECT.

ABOVE WARRANTY IS READ AND UNDERSTOOD

Address of Project: _____

City: _____

Name: _____

Signature: _____

Insured

Date: _____

