

Form #501 (Rev. February 6, 2012)
Sub-Contractors CGL Warranty

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

APPLICABILITY CAUSE

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:

- a) 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.
- b) 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.
- c) 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.

The insured must obtain written proof of CGL insurance (minimum of \$1 million limit) from all major sub-contractors (major sub-contractors being - electrical, mechanical, plumbing, roofing, framing, masonry and any contractor using open flame devices) prior to allowing them to commence work on site.

FAILURE TO COMPLY WITH THESE WARRANTIES SHALL RENDER INSURANCE UNDER THIS POLICY NULL AND VOID.

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.

Confirmation of any change or variation in these warranties must be obtained from Premier in writing and must be attached to this policy or clearly indicated on the policy declarations to be valid.

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

Address of Project: _____ City: _____

Name: _____ Insured Signature: _____

Date: _____

SAMPLE