[Today’s Date]

[Insert Subcontractor’s first and last name]

[Subcontractor’s business name]

[Subcontractor’s address]

[Subcontractor’s city, Subcontractor’s state Subcontractor’s zip]

Re: Certificate of Insurance

Dear [Subcontractor’s first name]:

As a subcontractor providing services to [Your Business Name], we require that you provide evidence of insurance, through companies licensed to sell insurance in Massachusetts, demonstrating the following:

* Workers’ Compensation and Employers Liability Insurance.
* Commercial General Liability Insurance, including contractual liability to cover the contractor indemnification obligation. Completed operations coverage to continue in force for 2 years beyond completion of work for [Your Business Name].
* Automobile Liability Insurance on all owned, leased, hired and non-owned vehicles.
* Umbrella Liability Insurance.

[Your Business Name] shall be named as additional insured on all policies, except for Workers’ Compensation.

All insurance shall be maintained with limits of liability not less than the following:

**Commercial General Liability (Occurrence Form)**

 General Aggregate (other than Prod/Comp Ops Liability) $ 2,000,000

 Products/Completed Operations Aggregate $ 2,000,000

 Personal & Advertising Injury Liability $ 1,000,000

 Each Occurrence $ 1,000,000

# Workers Compensation and Employer’s Liability

 Workers’ Compensation State Statutory Limits

 Employer’s Liability

Bodily Injury by Accident $ 500,000 each accident

Bodily Injury by Disease $ 500,000 policy limit

Bodily Injury by Disease $ 500,000 each employee

* **Note: Any excluded individuals will not be allowed to perform work for [Your Business Name].**

# Umbrella Liability

Each Occurrence and Aggregate $2,000,000

Automobile Liability

Combined Single Limit $1,000,000

[Subcontractor’s business name] shall maintain in effect all insurance coverages required under this agreement at the Contractor’s sole expense and with insurance companies acceptable to **[Your Business Name]**. The above coverages must be placed with an insurance company with an A.M. Best rating of A-/VII or better.

All insurance policies shall contain a provision that the coverage afforded shall not be canceled or non-renewed, nor restrictive modifications added, until at least 30 days prior written notice has been given to **[Your Business Name]**, unless otherwise specifically required in contract documents.

Certificates of Insurance shall be filed with **[Your Business Name]** prior to the commencement of the Contractor’s work.

In the event the Contractor fails to obtain or maintain any insurance coverage required under this agreement, **[Your Business Name]** may purchase such coverage and charge the expense thereof to the Contractor or terminate this agreement.

Please forward your certificate within 10 days to [Your Name], [Your Business Name], [Your Business Address, City, State, Zip].

Sincerely,

[Your Name]

[Your Title]

[Your Phone / Email]