



## ***MINIMUM ACCEPTABLE INSURANCE REQUIREMENTS***

Carter Machinery **MUST** have a current certificate of insurance with Carter Machinery listed as the Certificate Holder on file in the Procurement Department prior to the person or company providing services to Carter Machinery.

### **Comprehensive General Liability**

**\$1,000,000 per occurrence and \$2,000,000 aggregate limit for bodily injury and property damage.**

- **Carter Machinery Company, Inc. endorsed to the policy as an additional insured.**
- **Waiver of subrogation in favor of Carter Machinery and its affiliated companies, or any employee or agent of Carter Machinery.**

### **Automobile Liability**

**\$1,000,000 combined single limit for bodily injury and property damage. Coverage must include any auto.**

- **Carter Machinery Company, Inc. endorsed to the policy as an additional insured.**
- **Waiver of subrogation in favor of Carter Machinery and its affiliated companies, or any employee or agent of Carter Machinery.**

### **Workers Compensation and Employers Liability**

**Statutory coverage for all states. Minimum limits of liability for Employers Liability are as follows:**

**\$100,000 each accident  
\$500,000 disease - policy limit  
\$100,000 disease - each employee**

### **Cargo Insurance (ONLY REQUIRED FOR CONTRACT HAULERS)**

**Contract Haulers must carry cargo insurance with adequate limits to insure value of the equipment transported - all risk coverage with a minimum limit of \$1,000,000 per conveyance.**

- **Note: Any damage to our equipment or property while in the haulers' care, custody and control will be the responsibility of the hauler and should be covered by the hauler's insurance company.**

**Insurance Agents may send a copy of the certificate to:**

**procurement@cartermachinery.com OR  
8346 Old Richfood Rd.  
Suite 2  
Mechanicsville, VA 23116  
Attn: Procurement**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/01/20xx

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 POLICIES 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 have ADDITIONAL INSURED provisions or 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> Name of Insurance Company Address City, State, Zip Code	<b>CONTACT NAME:</b> Name of Agent		
	<b>PHONE (A/C, No, Ext):</b> Agency Phone Number <b>FAX (A/C, No):</b>		
	<b>E-MAIL ADDRESS:</b> Agency Email		
<b>INSURED</b> Your Company Name Address City, State, Zip Code	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A :</b> Insurance Carrier Name		12345
	<b>INSURER B :</b> Insurance Carrier Name		23456
	<b>INSURER C :</b> Insurance Carrier Name		34567
	<b>INSURER D :</b> Insurance Carrier Name		45678
	<b>INSURER E :</b> Insurance Carrier Name		56789
	<b>INSURER F :</b>		

**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/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b>			GL1234567	01/01/20xx	01/01/20xx	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:								
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$
								\$
<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b>			CA7891234	01/01/20xx	01/01/20xx	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	<input checked="" type="checkbox"/>				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
<input checked="" type="checkbox"/>	<b>UMBRELLA LIAB</b>			G23456789123	01/01/20xx	01/01/20xx	EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b>						AGGREGATE	\$
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> CLAIMS-MADE						\$
<input checked="" type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			Workers Comp Certificate Employers' Liability	01/01/20xx	01/01/20xx	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
	Cargo Insurance				01/01/20xx	01/01/20xx	Minimum	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

General Liability and Automobile Liability must name Carter Machinery Company, Inc. and their affiliated entities as Additionally Insured. General Liability, Automobile Liability and Workers Compensation policies must provide Waiver of Subrogation in favor of Ohio Machinery Co. and their affiliated entities.

**CERTIFICATE HOLDER****CANCELLATION**

Carter Machinery Company, Inc.  
1330 Lynchburg Tpke  
Salem, VA 24153

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

AUTHORIZED REPRESENTATIVE

*Signature of Producer*