



NEW SUBCONTRACTOR INSURANCE REQUIREMENTS - 2025

- A. PLEASE SEND THIS REQUEST TO YOUR INSURANCE AGENT FOR ACCURATE WORDING.
- B. NO CHECKS WILL BE RELEASED UNTIL A CURRENT AND CORRECT ORIGINAL CERTIFICATE IS PROVIDED TO US.
- C. PLEASE SEND COMPLETED COI DOCUMENTS TO: OFFICE@STUARTANDSHELBY.COM
- D. PLEASE SEND YOUR BUSINESS TAX RECEIPT AND/OR BUSINESS LICENSE TO: OFFICE@STUARTANDSHELBY.COM
1. All subcontractors must carry General Liability with not less than the following limits:
 - a. \$1,000,000 Each Occurrence
 - b. \$2,000,000 General Aggregate
 - c. \$2,000,000 Products/Completed Operations Aggregate
 - d. Must have ISO Additional Insured endorsements CG2010 04/13 and CG2037 04/13 and CG2001 04/13 or equivalent that will provide for both ongoing and completed operations on a primary and noncontributory basis.
 - e. Waiver of Subrogation
 - f. There can be no residential exclusions
 - g. Early Notification of cancellation/material change endorsement
 - h. Per project aggregate
 2. Automobile Liability Minimum Requirements
 - a. \$1,000,000 Combined Single Limit including coverage for Hired and Non-Owned Autos
 - b. Must include Waiver of Subrogation
 - c. Early Notification of cancellation/material change endorsement
 3. We will no longer allow subcontractors to work under exempt status unless it can be proved that the exempt individual is the only one that will be on the jobsite, thus unless proven otherwise, all subcontractors must carry Workers' Compensation and Employers Liability with not less than the following limits
 - a. \$100,000 Each accident
 - b. \$100,000 Per employee for disease
 - c. \$500,000 Disease limit
 - d. Must include Waiver of Subrogation
 - e. Early Notification of cancellation/material change endorsement
 4. Professional Liability - \$1,000,000 when required in written contract
 5. PLEASE BE SURE STUART & SHELBY DEVELOPMENT, INC., AND OWNERS ARE LISTED AS **ADDITIONAL INSURED**.

Certificate Holder:

**Stuart & Shelby Development, Inc., and "Owners".
1116 SW 10TH AVE., STE. C
DELRAY BEACH, FL 33444**

SEE ATTACHED COI EXAMPLE



STUAAND-02

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

PRODUCER Insurance Office of America Abacoa Town Center 1200 University Blvd, Suite 200 Jupiter, FL 33458	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Insured Info Here	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

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	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 0 <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE	X	X	NOT REQUIRED			EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	X				<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
E	Professional Liability						Aggregate \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 104, Additional Remarks Schedule, may be attached if more space is required)
Stuart & Shelby Development Inc. and Owners are additional insured with respects to General Liability including ongoing and completed operations per forms CG2010 04/13 and CG2037 04/13 when required by written contract. General Liability coverage is primary non-contributory per form CG2001 04/13 when required by written contract. A Waiver of Subrogation applies in favor of Stuart & Shelby Development Inc. and Owners with respects to General Liability per form CG2404 05/09, with respects to Auto Liability per form XYZ, and with respects to Workers Compensation per form WC000313 when required by written contract. There are no residential exclusions on the General Liability policy. A 30 day notice of cancellation will go out in favor of Stuart & Shelby Development Inc. with respects to General Liability per form XYZ, with respects to Auto Liability per form XYZ, and with respects to Workers Compensation per form XYZ. Umbrella Insurance is follow form and goes over General Liability, Auto Liability, and Employer's Liability.

CERTIFICATE HOLDER

CANCELLATION

SAMPLE COI: Cert Holder should read as follows:

Stuart & Shelby Development Inc. and Owners
1116 SW 10th Ave., Suite C
Delray Beach, FL 33444

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

ACORD 25 (2016/03)

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All forms listed must be attached.

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PLEASE SEND COMPLETED DOCUMENTS TO OFFICE@STUARTANDSHELBY.COM