



CONSULTANT INSURANCE REQUIREMENTS

PLEASE E-MAIL A CURRENT INSURANCE CERTIFICATE & ENDORSEMENTS TO subinsurance@accos.com. This Exhibit "P" supercedes any conflicting language contained in Section 4 of the Professional Services Agreement. Our requirements are as follows:

1. The certificate holder shall be shown as **ACCO Engineered Systems, Inc.**
Cert Holder: ACCO Engineered Systems, Inc.
Attn: Purchasing Department
888 East Walnut Street
Pasadena, CA 91101
2. Consultant will furnish contractor with Certificates of Insurance issued by the Consultant's insurance carrier and countersigned by an authorized agent or representative of the insurance company.
3. **Certificates and endorsements must reference a Specific Job or All Operations.** For job specific certificates, the job number and project name must be referenced under "Description of Operations" on the Certificate.
4. **Commercial General Liability** (CGL): with limits of insurance not less than:
\$2,000,000 Each Occurrence Limit
\$2,000,000 Personal & Advertising Injury Limit
\$2,000,000 Annual Aggregate Limit
\$2,000,000 Products-Completed Operations Limit
5. **The General Aggregate Limit shall apply separately to each project.**
6. **Auto Liability** - combined single limit of \$1,000,000, each occurrence, bodily injury or property damage (Auto coverage shall be provided for owned, hired, and non-owned autos). If you are hauling hazardous materials, you must have \$1,000,000 Combined Single Limit for Bodily Injury and Property damage applicable to all hazardous waste hauling vehicles, and include MCS 90 and CA9948.
7. **Worker's Compensation and Employer's Liability** – Statutory/combined single limit of \$1,000,000.
Washington, Ohio, Wyoming, and North Dakota (ONLY) stop gap coverage and/or a certificate from the state showing proof of coverage is required.
8. **Professional Liability**: If you are doing any design work, construction management, site surveys, soil testing or are an engineering firm, you will need to provide \$3,000,000 coverage for Professional Liability/Errors and Omissions. Coverage shall provide a minimum of two (2) years of coverage following the completion of the project.
9. The certificates shall show that the insurance will not be canceled, altered or reduced without thirty (30) days prior written notice to the contractor. Certificates of insurance with "endeavor to" or alike in the cancellation paragraph are not acceptable.
10. **Cert Holder MUST** be named as an additional insured on General Liability (Endorsement No. CG 10 10 11/85 or equivalent).
11. **Additional Insured Endorsement**: Additional Insured Endorsements must be provided for the General Liability Policy and the Auto Liability Policy. (Endorsement No.: CG 2010 11/85 - OR - CG 2010 7/04 AND CG 2037 7/04 – OR - equivalent must be attached.) To the extent insurance is required under items 4 and 6, you must name the Contractor, Prime Contractor, and the Owner as additional insureds.
12. **Primary and Non-Contributing Endorsement**: Either in the additional insured endorsement or a separate endorsement, coverage must provide that insurance is "primary to and non-contributing" with any other insurance or self-insurance maintained by Contractor and/or any additional insured.
13. **Waiver of Subrogation**: "Waiver of Subrogation Endorsements" are required for Workers Compensation & Employers Liability and General Liability.
14. **Severability of Interest Provision**: Each liability policy shall include a Severability of Interest provision clarifying that, except with respect to the coverage limits, insurance shall apply to each insured as though a separate policy were issued to each.

Please note that if the above insurance requirements are not exact, they will be returned and

NO PAYMENTS WILL BE RELEASED UNTIL THE CERTIFICATES ARE IN ORDER.

If you have any questions, please call (818) 244-6571 and ask to speak with Anastasia Johnson, Ext. 2295, subinsurance@accos.com.



CONSULTANT INSURANCE REQUIREMENTS

INSURANCE SUBMISSION CHECKLIST:

Insurance must be **emailed** to subinsurance@accos.com.

Certificate Holder: ACCO Engineered Systems, Inc.
Attn: Purchasing Department
888 East Walnut Street
Pasadena, CA 91101

Description of Operations: All Operations, or equivalent (for instance, “Per written agreement;” or variation thereof.)
OR
ACCO Job Number and ACCO Project Name

Commercial General Liability (CGL):

\$2,000,000 Each Occurrence Limit
\$2,000,000 Personal & Advertising Injury Limit
\$2,000,000 Annual Aggregate Limit
\$2,000,000 Products-Completed Operations Limit

Commercial General Liability Endorsements:

*all endorsements must list the policy number they are endorsing

- ☐ Additional Insured Endorsement (Example on Page 4)
- ☐ Waiver of Subrogation Endorsement (Example on Page 5)
- ☐ Primary and Non-Contributory Statement/Endorsement (Example on Page 6)
- ☐ Per Project Aggregate checked off under General Liability on the Certificate (Example on Page 3)

Auto Liability Coverage:

Combined Single Limit of \$1,000,000

Auto Liability Endorsements:

*all endorsements must list the policy number they are endorsing

- ☐ Additional Insured Endorsement (Example on Page 7)

Workers Compensation Liability Coverage:

Statutory/Combined Single Limit of \$1,000,000

Workers Compensation Liability Endorsements:

*all endorsements must list the policy number they are endorsing

- ☐ Waiver of Subrogation Endorsement (Example on Page 8)

Professional Liability Coverage:

If you are providing engineering, design/build (includes mechanical, structural, plumbing, and fire sprinkler systems work), construction management, site surveys, soil testing or consulting services—you must provide:

- ☐ Coverage Limits Not Less Than \$3,000,000



EXAMPLE COI & ENDORSEMENTS

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/04/2013

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 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 Aon Risk Insurance Services West, Inc. Los Angeles CA Office 707 Wilshire Boulevard Suite 2600 Los Angeles CA 90017-0460 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (847) 953-5390 E-MAIL ADDRESS:														
INSURED Example Company, Inc. 123456 MadeUp Lane Freedonia, MS 10000	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: XL Specialty Insurance Co</td><td>37885</td></tr><tr><td>INSURER B: Greenwich Insurance Company</td><td>22322</td></tr><tr><td>INSURER C: Firemans Fund Ins Co</td><td>21873</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: XL Specialty Insurance Co	37885	INSURER B: Greenwich Insurance Company	22322	INSURER C: Firemans Fund Ins Co	21873	INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 570048777353**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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			RGD500015005	10/01/2012	10/01/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 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 checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			RAD500014905	10/01/2012	10/01/2013	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A			RWD500014805	10/01/2012	10/01/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
	Professional Liability -OR- Errors & Omissions Liability			RGD500015005	10/01/2012	10/01/2013	EACH OCCURRENCE \$3,000,000

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

Must specify ACCO Job No. and Job Name - OR - ALL OPERATIONS

CERTIFICATE HOLDER**CANCELLATION**

ACCO Engineered Systems, Inc. 888 East Walnut Street Pasadena, CA 91011	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 <i>Aon Risk Insurance Services West, Inc.</i>
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Holder Identifier : CBPHLKP

Certificate No : 570048777353





CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/04/2013

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 Aon Risk Insurance Services West, Inc. Los Angeles CA Office 707 Wilshire Boulevard Suite 2600 Los Angeles CA 90017-0460 USA	CONTACT NAME:	
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (847) 953-5390
INSURED Example Company 123456 MadeUp Lane Freedonia, MS 10001	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
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	INSURER A: XL Specialty Insurance Co	37885
	INSURER B: Greenwich Insurance Company	22322
	INSURER C: Firemans Fund Ins Co	21873
INSURER D:		
INSURER E:		
INSURER F:		

Holder Identifier :

COVERAGES	CERTIFICATE NUMBER: 570048780751	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.		
Limits shown are as requested		

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY 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			RGD500015005	10/01/2012	10/01/2013	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			RAD500014905	10/01/2012	10/01/2013	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Must specify ACCO Job Number and Job Name -OR- All Operations

CERTIFICATE HOLDER**CANCELLATION**

ACCO Engineered Systems, Inc. 6265 San Fernando Road Glendale CA 91201 USA	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 <i>Aon Risk Insurance Services West, Inc.</i>

Certificate No : 570048780751

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Any person or organization for whom the Named Insured has agreed to provide insurance prior to loss as provided by this Policy but only to the limit and scope of insurance agreed by the Named Insured	Per Schedule on file with company
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Where required by written contract or agreement executed prior to loss (except where permitted by law).

(Information required to complete this Schedule, if not shown above will be shown in the Declaration)

The following is added to Paragraph B. Transfer of Rights of Recovery Against Others to Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or “your work” done under a contract with that person or organization and included in the “products-completed operations hazard”. This waiver applies only to the person or organization shown in the Schedule above.

ENDORSEMENT # 008

This endorsement, effective 12:01 a.m., October 1, 2012 forms a part of

Policy No.: RGD500015005

Issued to: ACCO ENGINEERED SYSTEMS, INC.

By: Greenwich Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY INSURANCE CLAUSE ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS COVERAGE PART

It is agreed that to the extent that insurance is afforded to any Additional Insured under this policy, this insurance shall apply as primary and not contributing with any insurance carried by such Additional Insured, as required by written contract.

All other terms and conditions of this policy remain unchanged.

POLICY NUMBER: RGD500015005

CA 20 48 02 99

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

Business Auto Coverage Form
Garage Coverage Form
Motor Carrier Coverage Form
Truckers Coverage Form

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are “insured” under the Who Is An Insured Provision of the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective Date: October 1, 2012	
Named Insured: ACCO ENGINEERED SYSTEMS, INC.	

SCHEDULE

Name of Person(s) or Organization(s):

Where required by written contract or agreement executed prior to loss.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an “Insured” for Liability Coverage, but only to extent that person or organization qualifies as an “Insured” under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Where required by written contract or agreement executed prior to loss.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy)

Endorsement effective October 1, 2012

Policy No. RWD500014805 Endorsement No.

Insured: ACCO ENGINEERED SYSTEMS, INC.

Insurance Company

XL Specialty Insurance Company