

INSURANCE CLASS REQUIREMENTS

Dear Valued Supplier -

Thank you for taking the time to submit your paperwork prior to beginning services with us. You should have been told what class level of insurance you are required to carry. If not, contact your Equity Residential representative to find out. To help you determine the correct required insurance coverage, we have put together this guide that contains:

- A table with the coverage that is required depending on the class level of insurance you've been instructed to provide
- Examples of a Class 1-3, Class 4, and Class 5 certificate of insurance
- A workers' compensation waiver, if needed

When reviewing this information, please keep in mind the following:

- This is a *guideline*, and certain circumstances might change the requirements needed
- Equity Residential reserves the right to change or alter any and all of the requirements contained herein, for either a blanket vendor category, or specific vendors as it sees fit
- When in doubt—ask. All Equity employees have access to the insurance requirement information, and they should be able to assist you

In addition to insurance requirements, this document also contains examples of certificates of insurance. When requesting your certificate of insurance from your insurance provider, please reiterate the following:

- Under the "Description of Operations" section, Equity Residential and all of its affiliate companies *must* be named as additional insureds. The wording from the sample certificate should be copied verbatim
- The address used for the certificate holder must match the Augusta address that is shown on these certificates, *regardless* of the actual location of the site you will be working on
- Certificates should be valid for one year—those with expirations occurring within 30 days will be rejected

Should you have any questions regarding these requirements, please contact your Equity Residential representative.

Best Regards,

Equity Residential

EQUITY RESIDENTIAL INSURANCE CLASS LEVEL ASSIGNMENTS

		Minimum Insurance Limits				
		Class 1-3	Class 4	Class 5	Class 6	Class 7
General Liability (if needed Umbrella/Excess)	Each Occurrence	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 5,000,000	\$ 10,000,000
	Damage to Rented Premises (each occ)	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000
	Personal & Adv. Injury	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 5,000,000	\$ 10,000,000
	General Aggregate	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 5,000,000	\$ 10,000,000
	Products/Completed Ops Agg*	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 5,000,000	\$ 10,000,000
Auto Liability	Combined Single Limit (all owned autos, hired & non owned autos)	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Workers Compensation		Statutory	Statutory	Statutory	Statutory	Statutory
Employer's Liability	Each Accident	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000
	Disease- Policy Limit	\$ 500,000	\$ 500,000	\$ 500,000	\$ 500,000	\$ 500,000
	Disease - Each Employee	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000

* Categories marked with an asterick may not be required - please contact your Equity Residential representative if you think this coverage is not needed.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Current Date

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 ABC Brokerage Company
1234 Park Avenue
New York, NY 00000
CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:
INSURER(S) AFFORDING COVERAGE
INSURER A: Insurance Company A
INSURER B: Insurance Company B
INSURER C: Insurance Company 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, and Workers Compensation and Employers' Liability.

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

Owner, ERP Operating Limited Partnership, Equity Residential, Equity Residential Management, L.L.C., ERP Holding Co., Inc. and their affiliates and agents, shall be included as additional insureds as respects the Commercial General Liability and Commercial Automobile Liability Insurance.

CERTIFICATE HOLDER

CANCELLATION

Equity Residential
801 Broad Street, #1000
Augusta GA 30901

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

THIS BOX MUST INCLUDE SIGNATURE



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DATE (MM/DD/YYYY)

Current Date

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PRODUCER ABC Brokerage Company 1234 Plaza Drive New York, NY
CONTACT NAME:
PHONE (A/C, No, Ext): FAX (A/C, No):
E-MAIL ADDRESS:
INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Vendor/Contractor 1234 Plaza Drive Pittsburg PA 00000
INSURER A: Insurance Company A
INSURER B: Insurance Company B
INSURER C: Insurance Company C
INSURER D:
INSURER E:
INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR VVVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation.

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

Owner, ERP Operating Limited Partnership, Equity Residential, Equity Residential Management, L.L.C., ERP Holding Co., Inc. and their affiliates and agents, shall be included as additional insureds as respects the Commercial General Liability and Commercial Automobile Liability Insurance.

CERTIFICATE HOLDER: Equity Residential, 801 Broad Street, #1000, Augusta GA 30901
CANCELLATION: 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 THIS BOX MUST INCLUDE A SIGNATURE



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DATE (MM/DD/YYYY)

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PRODUCER ABC Brokerage Company 1234 Park Avenue New York, NY 00000	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Insurance Company A</td> <td></td> </tr> <tr> <td>INSURER B: Insurance Company B</td> <td></td> </tr> <tr> <td>INSURER C: Insurance Company C</td> <td></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: Insurance Company A		INSURER B: Insurance Company B		INSURER C: Insurance Company C		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Insurance Company A														
INSURER B: Insurance Company B														
INSURER C: Insurance Company C														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED Vendor/Contractor 1234 Plaza Drive Pittsburgh PA 00000														

COVERAGES **CERTIFICATE NUMBER:** _____ **REVISION NUMBER:** _____

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			Policy Number	Effective Date	Expiration Date	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ _____
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			Policy Number	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____
C	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 N/A	Policy Number	Effective Date	Expiration Date	<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

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

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CERTIFICATE HOLDER Equity Residential 801 Broad Street, #1000 Augusta GA 30901	CANCELLATION 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 THIS BOX MUST INCLUDE A SIGNATURE



CLASS 6 VENDOR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Current Date

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PRODUCER ABC Brokerage Company 1234 Park Avenue New York, NY 00000	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Insurance Company A		
INSURER B : Insurance Company B		
INSURER C : Insurance Company C		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
 Vendor/Contractor
 1234 Plaza Drive
 Pittsburgh PA 00000

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) Effective Date	POLICY EXP (MM/DD/YYYY) Expiration Date	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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Policy Number			EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			Policy Number	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Policy Number	Effective Date	Expiration Date	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

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CERTIFICATE HOLDER

CANCELLATION

Equity Residential 801 Broad Street, #1000 Augusta GA 30901	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 THIS BOX MUST INCLUDE A SIGNATURE



CLASS 7 VENDOR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Current Date

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PRODUCER: ABC Brokerage Company, 1234 Park Avenue, New York, NY 00000. CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS. INSURER(S) AFFORDING COVERAGE table with INSURER A-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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows A-C: COMMERCIAL GENERAL LIABILITY, AUTOMOBILE LIABILITY, WORKERS COMPENSATION AND EMPLOYERS' LIABILITY.

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

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CERTIFICATE HOLDER CANCELLATION

Equity Residential
801 Broad Street, #1000
Augusta GA 30901

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