Metropolitan West, Inc.

Vendors Insurance Certificate(s) Request Form

- Type of insurance requested: Commercial General Liability, Auto and Worker's Compensation (including Employer's Liability). This sheet is a guideline only, please refer to the Master Contract Insurance Section for governing language.
- Minimum Limits: One Million Per Occurrence and Two Million Aggregate (General Liability.), One Million Per Accident or Disease (Employers Liability section of Worker's Comp.), One Million (Auto)
- Job Reference to be listed in description section of GL/Auto/ Worker's Compensation Certificate:
- Per Subcontract Agreement, the following certificate holders are required to be named Additionally Insured on an *endorsement # CG 20 10 11 85* (or equivalent endorsements note that ISO Additional Insured Endorsements with Edition Dates of 04/2013 are not considered "equivalent" while ISO edition dates of 2001 and 2004 are considered "equivalent") including the Primary and Non-contributory clause, Waiver of Subrogation Endorsement, and coverage for both "ongoing" and "completed" operations:

Contractor Metropolitan West Inc 130 Pine Ave, 4th Floor Long Beach, CA 90802 Owner's Representative

• Note: Additional insured information does not pertain to W/C Certificates

IMPORTANT: Metropolitan West, Inc. is to receive emailed copy of all certificates to Trever Hartung trever@metwest.com

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COMMERCIAL GENERAL LIABILITY

POLICY NUMBER:
EFFECTIVE DATE:
INSURED:
BY:
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY
ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS (FORM B)
This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART.
Name of Person or Organization:
WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.
PRIMARY WORDING CLAUSE It is further agreed that such insurance as is afforded by this policy for the benefit of the additional insured(s) shown above shall be Primary Insurance, but only as respects to any claims, loss or liability arising out of the work of the named insured(s), his subcontractors, subcontractors of his subcontractors or materialmen, or suppliers. Any insurance maintained by the additional insured(s) shall be non-contributing.
CG 20 10 11 85

OR

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			
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.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations		
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.			

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" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

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

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

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.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. 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.