

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

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**

Producer: THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

Insured:	COMPANY A	Ins Co A - Best Guide Rating A or better
	COMPANY B	Ins Co B - Best Guide Rating A or better
	COMPANY C	Ins Co C - Best Guide Rating A or better
	COMPANY D	

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	Policy Effective Date (mm/dd/yy)	Policy Expiration Date (mm/dd/yy)	LIMITS	
	General Liability		effective date	expiration date	Each Occurrence	\$ 1,000,000
<input checked="" type="checkbox"/>	Commercial General Liability				Damage to Rented Premises (Ea Occurrence)	\$ 1,000,000
<input type="checkbox"/>	Claims Made <input checked="" type="checkbox"/> Occur				Med Exp (Any one person)	\$ 1,000,000
<input type="checkbox"/>	Owner's & Contractor's Prot				General Aggregate	\$ 2,000,000
<input checked="" type="checkbox"/>	Per Project Aggregate				Products-Comp/Op Agg	\$ 2,000,000
						\$
	AUTOMOBILE LIABILITY		effective date	expiration date	Combined Single Limit	\$ 1,000,000
<input checked="" type="checkbox"/>	Any Auto				Bodily Injury (Per Person)	\$
<input type="checkbox"/>	All Owned Autos				Bodily Injury (Per Accident)	\$
<input type="checkbox"/>	Scheduled Autos				Property Damage	\$
<input checked="" type="checkbox"/>	Hired Autos					
<input checked="" type="checkbox"/>	Non Owned Autos					
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT	\$
<input type="checkbox"/>	Any Auto				OTHER THAN AUTO ONLY	\$
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY		effective date	expiration date	EACH OCCURRENCE	\$
<input type="checkbox"/>	Umbrella Form				AGGREGATE	\$
<input type="checkbox"/>	Other Then Umbrella Form					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		effective date	expiration date	WC Statutory Limits	\$
					EL Each Accident	\$ 1,000,000
					EL Disease-Policy Limit	\$ 1,000,000
	The Proprietor/ Partners/ Executive Officers Are: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL-Disease-Ea Employee	\$ 1,000,000
	OTHER					

Description of Operations/Locations/Vehicles/Special Items

RE:Job#
Job Description: The additional insured are to be listed under the general liability and umbrella (on form CG2010 1185 or its equivalent) on a primary and non-contributory basis as to any insurance maintained by them.

CERTIFICATE HOLDER **CANCELLATION**

Metropolitan West, Inc. 130 Pine Ave, 4th Long Beach, CA 90802	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT
--	--

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".

Policy Number:

COMMERCIAL GENERAL LIABILITY
CG 20 01 04 13

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.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09

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.