

CONTRACTOR CONNECTIONSM

Crawford Contractor Connection[®] is the largest, fully-independent network of managed contractor repair servicing the insurance industry and consumers. We have more than 3,500 general contractors and specialty trade contractors in the U.S. and Canada. Contractor Connection is a residential and commercial restoration program that matches property insurance carriers and consumers with contractors who are qualified to meet their specific repair needs. If you are a contractor looking to build business, enhance reputation, or reach new levels of professionalism, Contractor Connection is your solution.

MORE REACH

- Contractor Connection is part of Crawford & Company, a global leader in independent risk and claims management for more than 70 years. When you join our network you benefit from being affiliated with one of the most trusted names in the business
- To become a member of our elite national network you must apply to our network and meet our credentialing requirements.
- Once your company has been approved as a member, you identify your preferred coverage territory and services you can provide.
- Once activated, you will have the opportunity to receive qualified referrals that come from the many customers who trust and use Contractor Connection.

MORE BENEFITS

We provide you the opportunity and the tools to grow your business. Benefit highlights include the following:

- Opportunity to become part of a premier contractor network
- Affinity program – value add discount programs
- Educational and industry networking opportunities
- Contractor performance recognition awards
- Credit stability and insurance monitoring programs
- Quality assurance tools

MORE BUSINESS

Contractor Connection is a performance driven network, and high performing contractors are rewarded with increased business opportunity. As a member of Contractor Connection, job opportunities come to you with qualified leads giving you a higher win rate and the potential to grow your business and build a stronger customer base. Contractor Connection is recognized as an industry leader by insurance carriers and contractors, and we provide the opportunity for contractors to demonstrate their capability in a competitive environment.

APPLY TO THE NETWORK

After the initial application fee, you only pay fees for work you perform which we consider our “Pay as you grow” approach.

To begin the application process, please contact our Recruiting Department at 800-586-9585, or apply online at www.contractorconnection.com where detailed application and credentialing requirements are outlined.



CONTRACTOR REFERENCES

North-West			
COMPANY	NAME	ADDRESS	PHONE
McKenzie-Taylor Construction	Will Akin	3771 Olympic Street Springfield, OR 97478	(541) 747-5413
Hanson Construction Co.	John Hanson	12514 NE 95 th Street, #C-100 Vancouver, WA 98682	(360) 687-9337
Alpine Cleaning & Restoration	John Kaczka	1620 - 75th Street SW #A Everett, WA 98203	(425) 348-7387
Kennedy Restoration	Larry Goldade	315 SE 7th Avenue Portland, OR 97214	(503) 234-0509
South-West			
COMPANY	NAME	ADDRESS	PHONE
Action Catastrophe	Rick Arndt	1605 East 69 th Avenue Denver, CO 80229	(303) 964-1188
Rockefeller's Cleaning	Larry Borgeson	5514 Coal Avenue SE Albuquerque, NM 87108	(505) 268-5585
Blackmon Mooring Company	Cameron Blackmon	315 N. Great Southwest Parkway Arlington, TX 76011	(877) 730-1948
GraEagle Construction	Jerry Pasquale	5016 Cecile Ave Las Vegas, NV 89115	(702) 248-0170
Oakwood Construction	Todd Benson	4955 E Hunter Ave Anaheim, CA 92807	(714) 529-8300
Mid-West			
COMPANY	NAME	ADDRESS	PHONE
American Restoration Contractors	Chris Schmitt	2319 Grissom Drive Maryland Heights, MO 63146	(636) 946-7855
American Cleaning	Allan Weinheimer	270 Carlton Drive Carol Stream, IL 60188	(630) 588-9100
Sunglo Restoration Services	Harold Drews	22960 Venture Drive Novi, MI 48375	(800) 574-2000
M. J. White & Sons	Audrey Jones	22670 Heslip Drive Novi, MI 48375	(248) 478-4404
North-East			
COMPANY	NAME	ADDRESS	PHONE
American Integrity Restoration, LLC	Steve Weir	60 Village Place Glastonbury, CT 06033	(860) 657-2100
Rebuild, Inc.	Randy Specht	9520 Berger Road Suite 201 Columbia, MD 21045	(410) 381-4380
Four Seasons Fire Restoration	Marc Fein	125 Denton Avenue New Hyde Park, NY 11040	(631) 544-6633
Diversify Property Services	Tim Painter	4499 Acacia Lane Suite 121 Dulles VA 20166	(703) 467-9103
South-East			
COMPANY	NAME	ADDRESS	PHONE
United Fire Smoke & Water Restoration	Louie Tippet	209 Parkway Drive Huntsville, AL 35801	(256) 533-7163
Hoover General Contractors, LLC	Tony Hoover Sr. Tony Pitsinos	464 Bass Circle Huntsville, AL 35801	(256) 539-1944
Showcase NC, Inc.	Wayne Etowski	5506 Yadkin Road Fayetteville, NC 28303	(910) 864-0900
Cary Reconstruction Co., Inc. - Cary	Wayne Baker	2410 Reliance Avenue Apex, NC 27539	(919) 467-5517
Purofirst of Gwinnett	Josh Nagy	2750 Centerville Highway Snellville, GA 30078	(770) 466-7827

Applicant and Program Requirements



GENERAL CONTRACTOR / SPECIALTY / MITIGATION / DRY CLEANING PROGRAMS:

Non-Refundable Application Fee: \$350.00 for paper application submission OR
\$250.00 for online application submission at
<http://www.contractorconnection.com>

Minimum years in business: 1 year under current ownership

Financials:

- For contractors in business **3 or more years**, we will need the most recent 3 consecutive years of year-end financial statements.
- For contractors in business **less than 3 years**, we will need the most recent financial statements for all full year and partial years in business with a minimum of 1 full financial year.
Example: If your company started in September of your 1st year in business, and reports financials using a calendar year, we need the financials for the start-up year (September through December) **AND** the most recent full year of year-end financials.
- Contractors who have not yet been in business for a full calendar year, but have been in business a total of 12 consecutive months, must forward financials for all 12 consecutive months.

Financial Fast Track Option Fee: \$125 for the Financial Fast Track Option - In lieu of sending year-end financial statements, balance sheets or tax forms. For an additional \$125, we will review your financial stability based on your credit rating, (see Financials/Tax Form Requirements for details to qualify)

Sales Fee: 4.5% per job sold

Maximum Sales Fee:
\$4,000 per job below \$100,000
\$6,000 per job \$100,000 up to \$200,000
\$8,000 per job \$200,000 up to \$400,000
\$10,000 per job \$400,000 up to \$600,000
\$11,000 per job \$600,000 and greater

Late Fee: Payment due within 15 days of invoice date.
Late payments subject to \$125 per month late fee.

Applicant and Program Requirements- continued

Annual Membership Fee: \$0 to \$5,000 – depending on revenue from Contractor Connection assignments. Charged at time of Service Provider’s recertification date per below schedule.

Membership Fee	
\$0	Fee waived for members with revenue (Jobs Sold) from program assignments totaling less than \$50,000 in the previous 12 months. Such Members are considered developmental contractors.
\$250	Members with revenue (Jobs Sold) from program assignments totaling \$50,000 or greater, but less than \$100,000 in the previous 12 months
\$500	Members with revenue (Jobs Sold) from program assignments totaling \$100,000 or greater, but less than \$250,000 in the previous 12 months.
\$750	Members with revenue (Jobs Sold) from program assignments totaling \$250,000 or greater, but less than \$500,000 in the previous 12 months.
\$1,000	Members with revenue (Jobs Sold) from program assignments totaling \$500,000 or greater, but less than \$750,000 in the previous 12 months.
\$1,250	Members with revenue (Jobs Sold) from program assignments totaling \$750,000 or greater, but less than \$1 million in the previous 12 months.
\$1,500	Members with revenue (Jobs Sold) from program assignments totaling \$1 million or greater, but less than \$1.5 million in the previous 12 months.
\$2,000	Members with revenue (Jobs Sold) from program assignments totaling \$1.5 million or greater, but less than \$2 million, in the previous 12 months.
\$3,000	Members with revenue (Jobs Sold) from program assignments totaling \$2 million or greater, but less than \$3 million, in the previous 12 months.
\$4,000	Members with revenue (Jobs Sold) from program assignments totaling \$3 million or greater, but less than \$4 million, in the previous 12 months.
\$5,000	Members with revenue (Jobs Sold) from program assignments totaling \$4 million or greater in the previous 12 months.

Different fee structure applies to the Consumer Services Program

Application Fee/Qualification Process: The application fee covers our cost in processing the application and is non-refundable once processing has started. Once qualified by us, you will be presented to our clients as needs are identified. Your participation in any client program is determined by collaboration between Crawford Contractor Connection and the client based on needs. Your application to the network and/or payment of this processing fee does not constitute a guarantee of selection by one of our clients. *Insurance and software requirements do not have to be met until selected for a program by a client (please see requirements once selected for a program page).*

FINANCIALS/TAX FORMS REQUIRED:

Option 1: Submit the most recent year(s) of financial statements. We prefer Income Statements and Balance Sheets from applicants. However, we understand that certain businesses will only have tax forms to submit. Requirements are based on the following business types. Please see the lists of businesses below to determine what *minimum* financial forms will be required:

(Note: Balance Sheets must contain Total Current Assets, Total Current Liabilities, Long Term Debt & Equity Amounts)

- “C” Corporation: Tax Form 1120 (Pages 1-5).
- “S” Corporation: Tax Form 1120S (Pages 1-5).
- Limited Liability Corporation (LLC): Tax Form 1065 (Pages 1-5).
- Partnership: Tax Form 1065 (Pages 1-5).
- Sole Proprietor: Tax Form 1040 Schedule C and Balance Sheets that include Total Current Assets, Total Current Liabilities, Long Term Debt & Equity Amounts.

Option 2: To expedite your preparation of application documentation, you may use the Financial Fast Track Option in lieu of sending year-end financial statements, balance sheets or tax forms. For an additional \$125, we will review your financial stability based on your credit rating, given that it meets the following criteria:

- Financial Fast Track Option: A detailed Commercial credit report from Dunn & Bradstreet and a detailed Business Owner credit report from Experian will be generated and reviewed. The applicant must receive a “Low Risk” credit rating in order to waive the requirement for full year-end financial documents. If the credit report received indicates a score other than Low Risk, full year-end financial statements, balance sheets or the appropriate tax forms, as described in Option 1, will be required to complete the financial credentialing. The Financial Fast Track Option service fee is non-refundable.
- The Financial Fast Track Option can only be used during the application process. It is not available for annual recertification or application updates.
- The Financial Fast Track Option is intended to reduce your application preparation time, but does not necessarily reduce processing time by Crawford Contractor Connection because all other application factors must continue to be thoroughly reviewed.

Annual Financials/Tax Forms Required For all Active Contractors

We require all active contractors to submit current year-end (or fiscal year-end) financials on a yearly basis as part of the contractor’s annual re-certification.

We prefer Income Statements and Balance Sheets from applicants. However, we understand that certain businesses will only have tax forms to submit. Requirements are based on the following business types. Please see the lists of businesses below to determine what *minimum* financial forms will be required:

(Note: Balance Sheets must contain Total Current Assets, Total Current Liabilities, Long Term Debt & Equity Amounts)

- “C” Corporation: Tax Form 1120 (Pages 1-5).
- “S” Corporation: Tax Form 1120S (Pages 1-5).
- Limited Liability Corporation (LLC): Tax Form 1065 (Pages 1-5).
- Partnership: Tax Form 1065 (Pages 1-5).
- Sole Proprietor: Tax Form 1040 Schedule C and Balance Sheets that include Total Current Assets, Total Current Liabilities, Long Term Debt & Equity Amounts.

LICENSES/ CERTIFICATIONS REQUIRED:

Submit copies of any licenses required by your state and all states you perform work in, i.e. Contracting License, Operating License, Contracting Registration etc. All licenses must be in the company's Doing Business As (DBA) Name.

Submit copies of certifications documenting compliance with the Environmental Protection Agency's (EPA) Lead Renovation, Repair, and Painting (RRP) Program Rule.

Also, submit a copy of certifications documenting the company is a The Clean Trust/IICRC Certified Firm.

FACILITY PHOTOS:

Included with your application, please submit digital photos to include the following:

- Front of building space including signage
- Office space
- Company Vehicles including signage
- Storage/pack out areas
- Available equipment (it is not necessary to take a picture of each individual piece. Please take one to two photos of your equipment available to you on site).

You may combine your photos to include more than one of the items listed above in one photo (example: the front of your building and vehicles in the same picture). Please send color copies of your photos (printed digital photos), or if you do not own a digital camera, you may submit 35 mm developed film. Please do not submit more than 6 photos with the application.

Please note: Use of Digital Camera will be required once selected for a program.

FACILITY REQUIREMENTS:

Absent special circumstances, contractors are expected to maintain a professional business location with identifying signage in an area zoned for commercial or industrial activities (non residential). Further, it is expected that vehicles will have identifying signage and employees will wear uniforms. If this is not the case with your company, then your company may not pre-qualify for the network depending upon circumstances. This information is not intended to discourage your application, but rather to make sure you are fully aware of items evaluated.

Although the ownership may be the same, applications are necessary for each facility from which assignments are being processed or handled.

Requirements Once Selected for a Program:

Insurance Requirements

The following requirements apply once a client has selected you for a program.

It is not necessary to meet these requirements until you are notified of selection for a specific program.

Limits of liability shall be written on an occurrence basis. ***Insurance companies must have an A.M. Best Rating of B+ or higher and a Financial Size Category (FSC) of VII or better for the USAA program.*** Service Provider is responsible for providing a 30-day cancellation notice to Crawford Contractor Connection. Payment for all insurance policies is the sole responsibility of each Service Provider Participant. Service Provider must provide a current Certificate of Insurance to Crawford Contractor Connection that meets requirements **prior** to Service Provider receiving assignments. The below listed limits are a minimum.

- **General Liability:** \$1,000,000 Each Occurrence to include:
 - Premises and Operations Liability
 - Products and Completed Operation Liability
 - Property Damage/Damage to Property Liability
 - Contractors Liability
 - Personal Injury Liability

- **Automobile Liability:** \$1,000,000 Combined Single Limit
(All Owned or Scheduled Autos, Non Owned Autos, and Hired Autos
– Or – Any Autos)

- **Proof of Worker's Compensation** (Required regardless of individual State laws)

- **Contractors' Pollution Liability* or Excess Umbrella** \$1,000,000 Each Occurrence
* CPL can be written on occurrence or claims made basis (As referenced in matrix on next page)

- **Bailment Coverage** \$250,000
(As referenced in matrix on next page)

In order to confirm the policies provide the required program coverage, specific language must be reflected on the insurance certificate. The insurance certificate must always accurately represent the underlying policy. If the current policy does not meet the below language, please secure the appropriate policy before submitting your certificate of insurance.

The information below, including specific wording, must be reflected on your insurance certificate. If your state prohibits modifications to insurance certificates, then this information must be provided as an attachment on an Acord 101 form or similar document.

- **Additional Insured:**

“Crawford and Company and Crawford Contractor Connection, a division of Crawford and Company, and their clients, are named as additional insureds for the above listed coverages and policies, as they apply to work performed for Crawford Contractor Connection (excluding Workers' Compensation, Automobile Liability, and Bailment Coverage).”

Please note that some insurer clients require that they be specifically named as additional insured

(American Family, Auto Club Enterprises (applicable to AAA clients), Erie Insurance, Frankenmuth, Nationwide, The Hartford Financial Services Group, Inc., and USAA)

- **Policy Coverage for General Liability and Contractors Pollution Liability:**

“The General Liability and Contractors Pollution Liability policies provide ongoing and completed operations coverage for the insured and the additional insureds.” (Note: For the General Liability Policy, endorsements CG 20 37 and CG 20 10 will be accepted in lieu of including the ongoing and completed operations wording on the insurance certificate.)

Insurance Requirements (continued)

“The General Liability and Contractors Pollution Liability policies shall be primary and non-contributory.”

“General Liability coverage includes Premises and Operations Liability, Products and Completed Operation Liability, Property Damage/Damage to Property Liability, Contractors Liability and Personal Injury Liability.”

- **Certificate Holder:**

Crawford Contractor Connection
10550 Deerwood Park Blvd.
Suite 100
Jacksonville, FL 32256

In addition to the above listed requirements, please see below:

Type of Contractor	Additional Insurance Requirements based on trade(s) selection (Insurance requirements may change if contractor is selected for additional trades.)
General Contractor only (or any trade other than water mitigation)	Sample #1 <ul style="list-style-type: none"> • Excess Liability: \$1,000,000 Each Occurrence
Water Mitigation only*	Sample #2 <ul style="list-style-type: none"> • Contractors Pollution Liability: \$1,000,000 Each Occurrence • The following statement will need to be added to the insurance certificate or, if your state prohibits modifications to insurance certificates, the statement can be provided as an attachment on an Acord 101 form or similar document: “Contractors Pollution Liability insures the full scope of services provided by the insured. Fungus, bacteria, asbestos, lead and silica are included within the definition of Pollutants”.
Full Service (General Contractor or any other trade in combination with water mitigation*)	Sample #3a <ul style="list-style-type: none"> • Contractors Pollution Liability: \$1,000,000 Each Occurrence • The following statement will need to be added to the insurance certificate or, if your state prohibits modifications to insurance certificates, the statement can be provided as an attachment on an Acord 101 form or similar document: “Contractors Pollution Liability insures the full scope of services provided by the insured. Fungus, bacteria, asbestos, lead and silica are included within the definition of Pollutants. Subcontracted work is not excluded.” Sample #3b <ul style="list-style-type: none"> • Contractors Pollution Liability: \$1,000,000 Each Occurrence • Excess Liability: \$1,000,000 Each Occurrence • The following statement will need to be added to the insurance certificate or, if your state prohibits modifications to insurance certificates, the statement can be provided as an attachment on an Acord 101 form or similar document: “Contractors Pollution Liability insures the full scope of services provided by the insured. Fungus, bacteria, asbestos, lead and silica are included within the definition of Pollutants.”
Cleaners, Textile Restoration, Furniture Restoration, and Fire & Smoke	Sample #4 <ul style="list-style-type: none"> • Bailment Coverage: \$250,000

* Note: Contractor Connection Program Requirements DO NOT allow any Service Provider to subcontract water mitigation services under any circumstances.

Requirements Once Selected for a Program (continued):

**The following requirements apply once a client has selected you for a program.
It is not necessary to meet these requirements until you are notified of selection for a specific program.**

SOFTWARE/HARDWARE:

- **XACTIMATE:** Xactimate estimating software, with a XactNet Address for each facility from which assignments are being processed or handled, may be leased directly from Xactware. Please contact their Sales Department for more information on their product:
 - Phone: (800) 424-9228
 - Website: <http://www.xactware.com>
- Digital Camera
- Internet Access (Accessible only with Internet Explorer browser)
- Additional software may be required based on client requirements

MOISTURE DATA ANALYTIC SERVICES (Mitigation ONLY):

- **Moisture Mapper:** Moisture Mapper, a web based platform, which also includes mobile off line apps, for data collection during water restoration process. Manage your entire process, including inventory and digital forms for signatures. Please contact their Sales Department for more information on their product:
 - Phone: (844) 276-2982
 - Website: <http://www.moisturemapper.com>

OR

- **MICA Mitigation Suite:** MICA Mitigation Suite, a mobile application for data collection during water restoration process and a cloud based compliance management solution to manage program jobs. Please contact their Sales Department for more information on their product:
 - Website: <http://www.micaexchange.com>
 - Email: contact@micaexchange.com
 - Phone: (904) 201-1596

BACKGROUND INVESTIGATIONS:

It is a network requirement that active contractors perform a background investigation of all its principals, owners, and employees that will be present at any time, in policyholders'/customers' homes prior to any Services being performed. Each Contractor will need to certify that it has completed a background investigation on each Contractor Employee before activation for any program and every three (3) years thereafter. Crawford Contractor Connection has authorized several vendors for the contractor to use to complete background checks. A list of the companies will be provided once the contractor is selected for a program. It will not be necessary for you, the contractor, to submit the results of background checks except upon formal request by Crawford Contractor Connection, as we will have you sign and submit an affidavit attesting that the background checks have been completed.

SUBROGATION TRAINING:

It is a network requirement that active contractors complete and provide proof of Subrogation Awareness training no later than 90 days after being selected to a program. The required course is published by Claims Training Services (CTS), an independent training vendor. Subrogation is a very important aspect of handling insurance claims, and the insurance carrier clients would like to see additional training in this area. In addition, subrogation training certification will be a valuable marketing tool for contractors and estimators. Crawford Contractor Connection and the insurance carrier clients are not expecting you to replace the adjuster in handling subrogation matters. However, considering that the contractor often times conducts the initial site inspection, it is imperative for contractors to complete subrogation awareness courses.

If you would like additional information, please contact Claims Training Services (CTS) at 732-942-0411

**Questions? Please call the Recruiting Department for more information: (800) 586-9585.
You may also visit our web site to apply on line at www.contractorconnection.com**

SAMPLE # 1

STANDARD WITHOUT CONTRACTORS POLLUTION LIABILITY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Issue 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 Agent Name Address Phone Number Fax Number	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #
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INSURED Insured Name & Address ** Must include 'dba name' if different **	INSURER A: Insurance Company INSURER B: Insurance Company INSURER C: Insurance Company INSURER D: Insurance Company INSURER E: Insurance Company INSURER F:
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Insurance companies must have an A.M. Best Rating of B+ or higher and a Financial Size Category (FSC) of VII or better for USAA programs.

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.

SAMPLE

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	SUBROGATED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input 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"/> PROJECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>		CGL-12345	12/1/12	12/1/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Anyone person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>		Must Reflect either "Any Auto" or a combination of CAP-12345 "All Owned Autos or Scheduled Auto , Hired Autos, and Non-Owned Autos"	12/1/12	12/1/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	<input checked="" type="checkbox"/>		CUP-12345	12/1/12	12/1/13	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A	WC-000111	12/1/12	12/1/13	W/C STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Crawford and Company and Crawford Contractor Connection, a division of Crawford and Company, and their clients, USAA, Frankenmuth, The Hartford Financial Services Group, Inc., Nationwide, Erie Insurance, American Family, and Auto Club Enterprises, its parent, subsidiaries and affiliates are named as additional insureds for the above listed coverages and policies, as they apply to work performed for Crawford Contractor Connection (excluding Workers' Compensation, Automobile Liability, and Bailment Coverage). The General Liability policy provides ongoing and completed operations coverage for the insured and the additional insureds. The General Liability policy shall be primary and non-contributory. General Liability coverage includes Premises and Operations Liability, Products and Completed Operation Liability, Property Damage/Damage to Property Liability, Contractors Liability and Personal Injury Liability.

CERTIFICATE HOLDER Contractor Connection 10550 Deerwood Park Blvd. Suite 100 Jacksonville, FL 32256 (904) 224-6408	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
** NOTE: Contractors may obtain \$2 million per occurrence General Liability policy vs. \$1 million General Liability and \$1 million Excess Liability policies.	

SAMPLE # 2 FOR WATER MITIGATION CONTRACTORS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Issue 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 Agent Name Address Phone Number Fax Number	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No): INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Insured Name & Address ** Must include 'dba name' if different **	INSURER A: Insurance Company INSURER B: Insurance Company INSURER C: Insurance Company INSURER D: Insurance Company INSURER E: Insurance Company INSURER F:

Insurance companies must have an A.M. Best Rating of B+ or higher and a Financial Size Category (FSC) of VII or better for USAA programs.

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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		CGL-12345	12/1/12	12/1/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Anyone person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X		Must Reflect either "Any Auto" or a combination of CAP-12345 "All Owned Autos or Scheduled Auto , Hired Autos, and Non-Owned Autos"	12/1/12	12/1/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC-000111	12/1/12	12/1/13	W/C STATUTORY LIMITS OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
	Contractors Pollution Liability	X		CPL-12345 * See NOTE at bottom of page	12/1/12	12/1/13	Each Occurrence \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Crawford and Company and Crawford Contractor Connection, a division of Crawford and Company, and their clients, USAA, Frankenmuth, The Hartford Financial Services Group, Inc., Nationwide, Erie Insurance, American Family, and Auto Club Enterprises, its parent, subsidiaries and affiliates are named as additional insureds for the above listed coverages and policies, as they apply to work performed for Crawford Contractor Connection (excluding Workers' Compensation, Automobile Liability, and Bailment Coverage). The General Liability and Contractors Pollution Liability policies provide ongoing and completed operations coverage for the insured and the additional insureds. The General Liability and Contractors Pollution Liability policies shall be primary and non-contributory. General Liability coverage includes Premises and Operations Liability, Products and Completed Operation Liability, Property Damage/Damage to Property Liability, Contractors Liability and Personal Injury Liability. Contractors Pollution Liability insures the full scope of services provided by the insured. Fungus, bacteria, asbestos, lead and silica are included within the definition of Pollutants.

CERTIFICATE HOLDER

CANCELLATION

Contractor Connection 10550 Deerwood Park Blvd. Suite 110 Jacksonville, FL 32256 (904) 224-6408	<p style="text-align: center;">SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> AUTHORIZED REPRESENTATIVE
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*** NOTE: Contractors Pollution Liability may be combined with Commercial General Liability, in which case the General Aggregate must equal at least \$2,000,000.**

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SAMPLE # 3a

FOR FULL SERVICE CONTRACTORS HANDLING WATER MITIGATION



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Issue 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 Agent Name Address Phone Number Fax Number	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS: FAX (A/C, No.): INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Insured Name & Address ** Must include 'dba name' if different **	INSURER A : Insurance Company INSURER B : Insurance Company INSURER C : Insurance Company INSURER D : Insurance Company INSURER E : Insurance Company INSURER F :

Insurance companies must have an A.M. Best Rating of B+ or higher and a Financial Size Category (FSC) of VII or better for USAA programs.

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 INSURANCE	SUBJECT	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		CGL-12345	12/1/12	12/1/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Anyone person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		Must Reflect either "Any Auto" or a combination of CAP-12345 "All Owned Autos or Scheduled Auto, Hired Autos, and Non-Owned Autos"	12/1/12	12/1/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
	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	WC-000111	12/1/12	12/1/13	W/C STATUTORY LIMITS OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
	Contractors Pollution Liability	X		CPL-12345 * See NOTE at bottom of page	12/1/12	12/1/13	Each Occurrence \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Crawford and Company and Crawford Contractor Connection, a division of Crawford and Company, and their clients, USAA, Frankenmuth, The Hartford Financial Services Group, Inc., Nationwide, Erie Insurance, American Family, and Auto Club Enterprises, its parent, subsidiaries and affiliates are named as additional insureds for the above listed coverages and policies, as they apply to work performed for Crawford Contractor Connection (excluding Workers' Compensation, Automobile Liability, and Bailment Coverage). The General Liability and Contractors Pollution Liability policies provide ongoing and completed operations coverage for the insured and the additional insureds. The General Liability and Contractors Pollution Liability policies shall be primary and non-contributory. General Liability coverage includes Premises and Operations Liability, Products and Completed Operation Liability, Property Damage/Damage to Property Liability, Contractors Liability and Personal Injury Liability. Contractors Pollution Liability insures the full scope of services provided by the insured. Fungus, bacteria, asbestos, lead and silica are included within the definition of Pollutants. Subcontracted work is not excluded.

CERTIFICATE HOLDER Contractor Connection 10550 Deerwood Park Blvd. Suite 110 Jacksonville, FL 32256 (904) 224-6408	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
<p>* NOTE: Contractors Pollution Liability may be combined with Commercial General Liability, in which case the General Aggregate must equal at least \$2,000,000.</p>	

SAMPLE # 3b

FOR FULL SERVICE CONTRACTORS HANDLING WATER MITIGATION



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Issue 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 Agent Name Address Phone Number Fax Number	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS: FAX (A/C, No.): INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Insurance Company INSURER B: Insurance Company INSURER C: Insurance Company INSURER D: Insurance Company INSURER E: Insurance Company INSURER F:
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Insurance companies must have an A.M. Best Rating of B+ or higher and a Financial Size Category (FSC) of VII or better for USAA programs.

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INSURED
 Insured Name & Address
 ** Must include 'dba name' if different **

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

A

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 INSURANCE	SUBRINSTRUMENT	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		CGL-12345	12/1/12	12/1/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Anyone person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		Must Reflect either "Any Auto" or a combination of CAP-12345 "All Owned Autos or Scheduled Auto, Hired Autos, and Non-Owned Autos"	12/1/12	12/1/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$	X		CUP-12345 *Must Reflect either "Umbrella Liab" or "Excess Liab" ** See NOTE at bottom of page	12/1/12	12/1/13	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
	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	WC-000111	12/1/12	12/1/13	WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Contractors Pollution Liability	X		CPL-12345 * See NOTE at bottom of page	12/1/12	12/1/13	Each Occurrence \$1,000,000

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Crawford and Company and Crawford Contractor Connection, a division of Crawford and Company, and their clients, USAA, Frankenmuth, The Hartford Financial Services Group, Inc., Nationwide, Erie Insurance, American Family, and Auto Club Enterprises, its parent, subsidiaries and affiliates are named as additional insureds for the above listed coverages and policies, as they apply to work performed for Crawford Contractor Connection (excluding Workers' Compensation, Automobile Liability, and Bailment Coverage). The General Liability and Contractors Pollution Liability policies provide ongoing and completed operations coverage for the insured and the additional insureds. The General Liability and Contractors Pollution Liability policies shall be primary and non-contributory. General Liability coverage includes Premises and Operations Liability, Products and Completed Operation Liability, Property Damage/Damage to Property Liability, Contractors Liability and Personal Injury Liability. Contractors Pollution Liability insures the full scope of services provided by the insured. Fungus, bacteria, asbestos, lead and silica are included within the definition of Pollutants.

CERTIFICATE HOLDER **CANCELLATION**

Contractor Connection 10550 Deerwood Park Blvd. Suite 100 Jacksonville, FL 32256 (904) 224-6408	<p style="text-align: center;">SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> AUTHORIZED REPRESENTATIVE ** NOTE: Contractors may obtain \$2 million per occurrence General Liability policy vs. \$1 million General Liability and \$1 million Excess Liability policies.
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SAMPLE # 4a

FOR CLEANERS, TEXTILE RESTORATION, FURNITURE RESTORATION
AND FIRE & SMOKE CONTRACTORS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Issue 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 Agent Name Address Phone Number Fax Number	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No): INSURER(S) AFFORDING COVERAGE: NAIC # INSURER A: Insurance Company INSURER B: Insurance Company INSURER C: Insurance Company INSURER D: Insurance Company INSURER E: Insurance Company INSURER F:
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Insurance companies must have an A.M. Best Rating of B+ or higher and a Financial Size Category (FSC) of VII or better for USAA programs.

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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.

SAMPLE

INSR LTR	TYPE OF INSURANCE	ADDL(SUBR) INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Anyone person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						W/C STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						
	Bailment Coverage			BIC-12345	12/1/12	12/1/13	\$250,000

Utilize Samples 1 through 3b to determine appropriate coverage(s) in addition to Bailees Coverage as shown below.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Crawford and Company and Crawford Contractor Connection, a division of Crawford and Company, and their clients, USAA, Frankenmuth, The Hartford Financial Services Group, Inc., Nationwide, Erie Insurance, American Family, and Auto Club Enterprises, its parent, subsidiaries and affiliates, are named as additional insureds for the above listed coverages and policies, as they apply to work performed for Crawford Contractor Connection (excluding Workers' Compensation, Automobile Liability, and Bailment Coverage). The General Liability and Contractors Pollution Liability policies provide ongoing and completed operations coverage for the insured and the additional insureds. The General Liability and Contractors Pollution Liability policies shall be primary and non-contributory. General Liability coverage includes Premises and Operations Liability, Products and Completed Operation Liability, Property Damage/Damage to Property Liability, Contractors Liability and Personal Injury Liability.

CERTIFICATE HOLDER Contractor Connection 10550 Deerwood Park Blvd. Suite 100 Jacksonville, FL 32256 (904) 224-6408	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
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SAMPLE # 4b
FOR CLEANERS, TEXTILE RESTORATION, FURNITURE RESTORATION
AND FIRE & SMOKE CONTRACTORS



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
Issue Date

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY Agent Name Address Phone Number Fax Number FAX (A/C, No): E-MAIL ADDRESS: CODE: SUB CODE: AGENCY CUSTOMER ID #: INSURED Insured Name & Address ** Must Include 'dba name' if different **	COMPANY Insurance Company <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <i>Insurance companies must have an A.M. Best Rating of B+ or higher and a Financial Size Category (FSC) of VII or better for USAA programs.</i> </div> LOAN NUMBER POLICY NUMBER BIC-12345 EFFECTIVE DATE 12/1/12 EXPIRATION DATE 12/1/13 <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED:
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PROPERTY INFORMATION

LOCATION/DESCRIPTION

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION	AMOUNT OF INSURANCE	DEDUCTIBLE
Bailment or Bailees Insurance <div style="border: 1px solid black; padding: 10px; margin: 10px;"> Utilize Samples 1 through 3b to determine appropriate coverage(s) in addition to Bailees Coverage as shown below. </div>	\$250,000	

REMARKS (Including Special Conditions)

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIO

NAME AND Contractor Connection 10550 Deerwood Park Blvd. Suite 100 Jacksonville, FL 32265 (904) 224-6408	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">MORTGAGEE</td> <td style="width: 33%;">ADDITIONAL INSURED</td> <td style="width: 34%;"></td> </tr> <tr> <td>LOSS PAYEE</td> <td></td> <td></td> </tr> <tr> <td colspan="3">LOAN #</td> </tr> <tr> <td colspan="3">AUTHORIZED REPRESENTATIVE</td> </tr> </table>	MORTGAGEE	ADDITIONAL INSURED		LOSS PAYEE			LOAN #			AUTHORIZED REPRESENTATIVE		
MORTGAGEE	ADDITIONAL INSURED												
LOSS PAYEE													
LOAN #													
AUTHORIZED REPRESENTATIVE													