

All California Projects.

# PRESTON PIPELINES, INC.

## INSURANCE REQUIREMENTS

- All insurance policies must have an AM Best's Rating of A VII or better.
- General Liability limits of \$1mm each occurrence - bodily injury, personal injury, property damage and advertising injury; \$2mm aggregate limit required for ongoing operations; and \$2mm aggregate completed operations. **General Liability aggregate limits must apply on a per project basis. If aggregate limit does not apply per project please show at least a \$3m umbrella limit.**
- **PRESTON PIPELINES DOES NOT PERMIT SUBSIDENCE EXCLUSIONS**
- Auto Liability coverage with a combined single limit of \$1mm, including hired and non-owned liability coverage.
- \$1mm Professional liability for Architects, Engineers, Construction Managers, Land Surveyors, Design/Build Contractors, Consultants.
- Preston Pipelines, Inc., its employees, officers, volunteers, agents and representatives (and any others as identified by the contract documents) must be named as an additional insured for general liability insurance - including ongoing and completed operations and Auto. The subcontractor must state that their insurance is primary and that Preston Pipelines' coverage is excess and non-contributory.
- 30-day cancellation notice and 10-day notice for non-payment required.
- Workers Compensation with statutory limits and Employer's Liability limit of \$1mm - **WAIVER OF SUBROGATION IS REQUIRED**



POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

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.

**SCHEDULE**

Name of Person or Organization:

RE: All California Projects

Preston Pipelines, Inc., their officers, employees, representatives, volunteers and agents and any one else required by contract

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

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: Coverage is Primary and Non-Contributory.

SAMPLE

**Or the CG2010 07/04 and CG2037 07/04 Combination or their Equivalent  
\*There can be no exclusion for Products/Completed Operations**



**WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY  
WC 04 03 06 (Ed. 4-84)**

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT-  
CALIFORNIA**

This endorsement changes the policy to which it is attached and is effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on \_\_\_\_\_ at 12:01 A.M. Standard time, forms a part of  
(Date)

Policy No. \_\_\_\_\_ Endorsement No. \_\_\_\_\_

Of the \_\_\_\_\_  
(Name of Insurance Company)

issued to:

Premium (if any) \$ \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

We have the right to recover our payments from anyone liable for an 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.) You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be \*\* % of the California workers' compensation premium otherwise due on such remuneration.

**Schedule**

**Person or Organization**

Any Person Or Organization that  
Require a Written Contract or Agreement with  
The insured, executed prior to the accident or loss,  
that Waiver of Subrogation be provided under this policy  
for work performed by you for that Person or Organization

**Job Description**

All Operations

**SAMPLE**