



GENERAL INSURANCE REQUIREMENTS

GENERAL LIABILITY

Each occurrence	\$1,000,000.00
Damage to Rented Premises	\$100,000.00
Med Exp	\$5,000.00
Personal & Adv Injury	\$1,000,000.00
General Aggregate	\$2,000,000.00
Products Comp/Op Agg	\$2,000,000.00

AUTOMOBILE

Combined Single Limit	\$1,000,000.00
(Any Auto, Hired Autos, Non-Owned Autos, Scheduled Autos)	

WORKERS COMPENSATION

And Employers Liability	\$1,000,000.00
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1. Carrier shall have not less than an "A" policy holder's rating and a financial rating of not less than "Class VII" according to the latest Best's Key Rating Guide.
2. F & H Job # and Job Name must be on all Certificates of Insurance.
3. F & H Construction is named as "Additional Insured" along with the name of the Owner and anyone else required by the Prime Contract (names must be listed) on the Additional Insured Endorsement (11 85 or equivalent i.e., CG2010 and CG2037 together). "Ongoing Operations" and "Completed Operations" are required.
4. Insurance is Primary and Non-Contributory Insurance (endorsement is required).
5. Waiver of Subrogation applies to General Liability and Workers Compensation (endorsements are required).
6. All endorsements must include the Name of the Insured, Policy Number, Effective & Expiration Dates.
7. Per Project Aggregate.
8. "Subject to 10-days' Notice of Cancellation for non-payment of premium."
9. The General Liability coverage and additional primary insured endorsement shall be maintained throughout the project and for one year after the project's Notice of Completion or for such longer period as may be required of Contractor under the general contract documents.
10. Any insurance sent to our office piecemeal will not be accepted or processed. Insurance agent must submit Insurance Certificate and all endorsements together.
11. F&H Construction will not process insurance which has been faxed to our office. If the agent wants to have the insurance approved prior to mailing originals, they can fax a copy to (209) 940-6457 and follow-up with a telephone call.
12. The above Insurance Requirements shall be considered the minimum. In the event that there is any difference between the Owner's insurance requirements and the above, the more stringent as determined by F&H Construction shall govern.
13. If you have any questions regarding these requirements, please call our office for more information (209) 931-3738.

ALL CERTIFICATES REQUIRE ENDORSEMENTS

P.O. Box 2329 Lodi, California 95241 Telephone (209) 931-3738 Fax (209) 940-6457

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
INSURED	INSURER A:	
	INSURER B:	
	INSURER 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 POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY **PRIOR** CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR VWD	POLICY NUMBER	POLICY EFF MM/DD/YYYY	POLICY EXP MM/DD/YYYY	LIMITS
A	GENERAL LIABILITY	X	X				EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrences) \$ 100,000.00
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000.00
							PERSONAL & ADV INJURY \$ 1,000,000.00
							GENERAL AGGREGATE \$ 2,000,000.00
	GENERAL AGGREGATE LIMIT APPLIES						PRODUCTS-COMP/OP AGG \$ 2,000,000.00
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE UNIT (Ea accident) \$ 1,000,000.00
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE						\$
	RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X				E.L. EACH ACCIDENT \$ 1,000,000.00
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE -EA \$ 1,000,000.00
	If yes, describe under DESCRIPTION OF OPERATIONS below						EMPLOYEE E.L. DISEASE I POLICY \$ 1,000,000.00
							LIMIT

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

JOB NAME, JOB #, AND LOCATION

CERTIFICATE HOLDER

F & H CONSTRUCTION
P.O. Box 2329
Lodi, CA 95241

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

EXHIBIT "I"

Please Initial

POLICY NUMBER:
INSURED:

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:

F & H CONSTRUCTION and UNIVERSITY OF HAWAII,
it's trustees, officers, employees, agents, inspectors, project
managers, consultants, sub-consultants, their employees and
each of them are an additional insured.

Liability Company

Job #

JOB NAME:

(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.

(SUBMIT "ONGOING OPERATIONS" and "COMPLETED OPERATIONS"
BOTH)

Endorsement

Insurance is primary insurance and any other insurance maintained by the Additional Insured is excess and
Non-Contributory insurance.

(SUBMIT PRIMARY WORDING, EXCESS & NON-CONTRIBUTORY)

Endorsement

We waive any right of recovery we may have against the person or organization shown in the schedule
because of payments we make for injury or damage arising out of "your work" done under a contract with that
person or organization. The waiver applies only to the person or organization shown in the Schedule.

(SUBMIT WAIVER OF SUBROGATION FOR GL AND WC)

Endorsement

ALL CERTIFICATES REQUIRE ENDORSEMENTS

EXHIBIT "J"

Please Initial