

## INSURANCE CLASS REQUIREMENTS

Dear Valued Supplier –

Thank you for taking the time to submit your paperwork prior to beginning services with us. You should have been told what class level of insurance you are required to carry. If not, contact your Equity Residential representative to find out. To help you determine the correct required insurance coverage, we have put together this guide that contains:

- A table with the coverage that is required depending on the class level of insurance you've been instructed to provide
- Examples of a Class 1-3, Class 4, and Class 5 certificate of insurance
- A workers' compensation waiver, if needed

When reviewing this information, please keep in mind the following:

- This is a *guideline*, and certain circumstances might change the requirements needed
- Equity Residential reserves the right to change or alter any and all of the requirements contained herein, for either a blanket vendor category, or specific vendors as it sees fit
- When in doubt—ask. All Equity employees have access to the insurance requirement information, and they should be able to assist you

In addition to insurance requirements, this document also contains examples of certificates of insurance. When requesting your certificate of insurance from your insurance provider, please reiterate the following:

- Under the “Added Endorsements” section, Equity Residential and all of its affiliate companies *must* be named as additional insureds. The wording from the sample certificate should be copied verbatim
- The address used for the certificate holder must match the Augusta address that is shown on these certificates, *regardless* of the actual location of the site you will be working on
- Certificates should be valid for one year—those with expirations occurring within 30 days will be rejected

Should you have any questions regarding these requirements, please contact your Equity Residential representative.

Best Regards,

Equity Residential

**Equity Residential Insurance Class Level Assignments  
Classes 1 - 5**

<b>Class 1 - 3</b>			
Type	Description	Category	Minimum Coverage Limits
General Liability	Commercial GL per Occur	General Aggregate	\$500,000
		Products-Comp/Op Agg*	\$500,000
		Personal & Adv. Injury*	\$500,000
		Each Occurrence	\$500,000
		Fire Damage (any one fire)	\$50,000
Automobile Liability	All owned autos, hired autos, non-owned autos	Combined Single Limit	\$300,000
Workers Compensation	-	-	Statutory
Employer's Liability	-	Each Accident	\$100,000
		Disease - Policy Limit	\$500,000
		Disease - Each Employee	\$100,000
<b>Class 4</b>			
Type	Description	Category	Minimum Coverage Limits
General Liability	Commercial GL per Occur	General Aggregate	\$1,000,000
		Products-Comp/Op Agg*	\$1,000,000
		Personal & Adv. Injury*	\$1,000,000
		Each Occurrence	\$1,000,000
		Fire Damage (any one fire)	\$50,000
Automobile Liability	All owned autos, hired autos, non-owned autos	Combined Single Limit	\$500,000
Workers Compensation	-	-	Statutory
Employer's Liability	-	Each Accident	\$100,000
		Disease - Policy Limit	\$500,000
		Disease - Each Employee	\$100,000
<b>Class 5</b>			
Type	Description	Category	Minimum Coverage Limits
General Liability	Commercial GL per Occur	General Aggregate	\$2,000,000
		Products-Comp/Op Agg*	\$2,000,000
		Personal & Adv. Injury*	\$2,000,000
		Each Occurrence	\$2,000,000
		Fire Damage (any one fire)	\$50,000
Automobile Liability	All owned autos, hired autos, non-owned autos	Combined Single Limit	\$1,000,000
Workers Compensation	-	-	Statutory
Employer's Liability	-	Each Accident	\$100,000
		Disease - Policy Limit	\$500,000
		Disease - Each Employee	\$100,000

\*Categories marked with an asterisk might not be required - please contact your Equity Residential representative if you think this coverage need not apply to your organization

# Class 1,2&3 Vendor

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) Current Date
<b>PRODUCER</b> ABC BROKERAGE COMPANY 1234 PARK AVENUE NEW YORK, NY 00000	<b>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.</b>	
<b>INSURED</b> VENDOR/CONTRACTOR 1234 PLAZA DRIVE PITTSBURGH, PA 00000	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: INSURANCE COMPANY A INSURER B: INSURANCE COMPANY B INSURER C: INSURANCE COMPANY C INSURER D: INSURER E:	<b>NAIC #</b>     

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Policy Number	Effective Date	Expiration Date	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000
B		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Policy Number	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <hr/> <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
C		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Policy Number	Effective Date	Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
		<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

Owner, ERP Operating Limited Partnership, Equity Residential, Equity Residential Properties Management Corp., Equity Residential Management, L.L.C., ERP Holding Co., Inc., and their affiliates and agents, shall be included as additional insureds as respects the Commercial General Liability and Commercial Automobile Liability Insurance.

**CERTIFICATE HOLDER**

**CANCELLATION**

Equity Residential 801 Broad Street, #1000 Augusta, GA 30901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE THIS BOX MUST INCLUDE A SIGNATURE
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## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

# Class 4 Vendor

## ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
Current Date

<b>PRODUCER</b> ABC BROKERAGE COMPANY  1234 PARK AVENUE  NEW YORK, NY 00000	<b>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.</b>												
<b>INSURED</b> VENDOR/CONTRACTOR  1234 PLAZA DRIVE  PITTSBURGH, PA 00000	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: INSURANCE COMPANY A</td> <td></td> </tr> <tr> <td>INSURER B: INSURANCE COMPANY B</td> <td></td> </tr> <tr> <td>INSURER C: INSURANCE COMPANY C</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: INSURANCE COMPANY A		INSURER B: INSURANCE COMPANY B		INSURER C: INSURANCE COMPANY C		INSURER D:		INSURER E:	
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INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
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## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

# Class 5 Vendor

## ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
Current Date

<b>PRODUCER</b> ABC BROKERAGE COMPANY  1234 PARK AVENUE  NEW YORK, NY 00000	<b>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.</b>												
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C		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Policy Number	Effective Date	Expiration Date	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> WC STATUTORY LIMITS</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">100,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">100,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">500,000</td> </tr> </table>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER		E.L. EACH ACCIDENT	\$	100,000	E.L. DISEASE - EA EMPLOYEE	\$	100,000	E.L. DISEASE - POLICY LIMIT	\$	500,000
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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

Owner, ERP Operating Limited Partnership, Equity Residential, Equity Residential Properties Management Corp., Equity Residential Management, L.L.C., ERP Holding Co., Inc., and their affiliates and agents, shall be included as additional insureds as respects the Commercial General Liability and Commercial Automobile Liability Insurance.

<b>CERTIFICATE HOLDER</b>  Equity Residential  801 Broad Street, #1000  Augusta, GA 30901	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE  THIS BOX MUST INCLUDE A SIGNATURE
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## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



## **Workers' Compensation Exemption Statement**

I hereby state that I am performing work as an Independent Contractor for Equity Residential and its subsidiaries and/or affiliates (Equity) and represent that I/my business is not required to carry Workers' Compensation Insurance under the State laws in which the work will be performed. I understand that if any employee or other person under my control is injured or becomes ill while on Equity property, that all claims against Equity will be waived and the undersigned hereby agrees to fully indemnify, defend and hold Equity harmless for any claims or demands brought against them for such injuries or illnesses.

Signed:

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Company:

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Date:

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