



## **Certificate of Insurance Requirements**

We require a certificate of insurance from all material and service providers **prior to commencing** work.

### **Commercial General Liability must include:**

Per Occurrence form with limits of not less than:

General Aggregate:	\$2,000,000
Products-Completed Operations Aggregate:	\$2,000,000
Personal and Advertising Injury:	\$1,000,000
Each Occurrence:	\$1,000,000

Certificates of Insurance must include an Additional Insured endorsement showing **The Ulven Companies, its affiliates and subsidiaries, including The Ulven Group, Wolf Steel Foundry, Ulven Forging, Ulven Machinery, Ulven Manufacturing, Ulven Aerospace & Precision Solutions, Skookum, and Houston Structures** included as an Additional Insured to your policy. Wording on the Certificate of Insurance is not acceptable.

Additional Insured coverage must be provided on a Primary / Non-Contributory basis as respects your Ongoing and Completed Operations. Waiver of subrogation in favor of **The Ulven Companies, its affiliates and subsidiaries, including The Ulven Group, Wolf Steel Foundry, Ulven Forging, Ulven Machinery, Ulven Manufacturing, Ulven Aerospace & Precision Solutions, Skookum, and Houston Structures** must also be provided. A physical copy of the Waiver of subrogation endorsement must be provided with the certificate.

### **Automobile Liability must include:**

All Owned Autos, Hired Autos, Non-Owned Autos with limits of not less than:

Combined Single Limit:	\$1,000,000
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### **Workers' Compensation and Employers Liability must include:**

Coverage A: Workers Compensation with Statutory Limits	
Coverage B: Employers Liability limits of not less than:	
Each Accident:	\$500,000
Disease – Policy Limit:	\$500,000
Disease – Each Employee:	\$500,000

Workers Compensation policy must include a waiver of subrogation in favor of **The Ulven Companies, its affiliates and subsidiaries, including The Ulven Group, Wolf Steel Foundry, Ulven Forging, Ulven Machinery, Ulven Manufacturing, Ulven Aerospace & Precision Solutions, Skookum, and Houston Structures**. A physical copy of the Waiver of subrogation endorsement must be provided with the certificate.

## **Certificate of Insurance Requirements (continued)**

Corporate Office □ 2310 Industrial Ave □ Hubbard, OR 97032 □ T:(503) 982-9779 □ F:(503) 982-9744



**Umbrella Liability:**

Per Occurrence: \$5,000,000

Aggregate: \$5,000,000

Coverage should be “following form” to General Liability, Auto Liability, and Employers Liability coverage.

Please deliver your Certificate of Insurance, and include copies of Additional Insured and Waiver of Subrogation endorsements to address below:

**The Ulven Companies**

2310 Industrial Avenue

Hubbard, OR 97032

Or via email to [AP@UlvenCompanies.com](mailto:AP@UlvenCompanies.com)

*If you are not able to comply, please contact our Finance Team at [AP@UlvenCompanies.com](mailto:AP@UlvenCompanies.com).*

Attachment: SAMPLE ACORD CERTIFICATE



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 have **ADDITIONAL INSURED** provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>SAMPLE NAME</b> <b>SAMPLE ADDRESS</b> <b>SAMPLE CITY, ST ZIP</b>		<b>CONTACT NAME:</b> <b>SAMPLE AGENT</b>	
		<b>PHONE (A/C, No, Ext):</b> <b>SAMPLE PHONE</b>	<b>FAX (A/C, No):</b> <b>SAMPLE FAX</b>
		<b>E-MAIL ADDRESS:</b> <b>SAMPLE EMAIL</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>NAIC #</b>	
<b>INSURED</b> <b>SAMPLE CERT</b>	<b>INSURER A : Insurance Carrier Name</b>		<b>25674</b>
	<b>INSURER B : Insurance Carrier Name</b>		<b>36161</b>
	<b>INSURER C : Insurance Carrier Name</b>		<b>16535</b>
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

## 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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$1,000,000</b> MED EXP (Any one person) <b>\$15,000</b> PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$2,000,000</b> PRODUCTS - COMP/OP AGG <b>\$2,000,000</b> \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ <b>10000</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	EACH OCCURRENCE <b>\$5,000,000</b> AGGREGATE <b>\$5,000,000</b> \$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input checked="" type="checkbox"/>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT <b>\$1,000,000</b> E.L. DISEASE - EA EMPLOYEE <b>\$1,000,000</b> E.L. DISEASE - POLICY LIMIT <b>\$1,000,000</b>

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

The Ulven Companies, its affiliates and subsidiaries, including The Ulven Group, Wolf Steel Foundry, Ulven Forging, Ulven Machinery, Ulven Manufacturing, Ulven Aerospace & Precision Solutions, Skookum, and Houston Structures is named as additional insured with respect to the general liability, auto liability and umbrella liability coverages. Primary and non-contributory coverage applies. Waiver of subrogation applies to all lines of coverage.

## CERTIFICATE HOLDER

## CANCELLATION

The Ulven Companies  
2310 Industrial Ave  
Hubbard, OR 97032

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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