Contractor shall have this form executed by the appropriate Insurance Broker(s) and return it to the Fluor-BWXT Portsmouth LLC (FBP) Contracts Administrator prior to the commencement of work. Electronic Certification, in lieu of this form, that evidences that the insurance coverage required by this forum and Part III to the Contract is in place, may be accepted at the discretion of FBP.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CERTIFICATE OF LIABILITY INSURANCE** | | | | | | | | | | | | | | | | | | DATE (MM/DD/YYYY) | | | | | |
| **PRODUCER**  (Name of Contractor’s Insurance Broker or Agent)  123 Street  City, State 00000 | | | | | | | | | | | | | 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. | | | | | | | | | | |
| **INSURERS AFFORDING COVERAGE** | | | | | | | | **NAIC #** | | |
| **INSURED**  (Contractor)  123 Street  City, State 00000 | | | | | | | | | | | | | INSURER A: | | | | | | | |  | | |
| INSURER B: | | | | | | | |  | | |
| INSURER C: | | | | | | | |  | | |
| INSURER D: | | | | | | | |  | | |
| INSURER E: | | | | | | | |  | | |
| **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 LTR | ADD’L INSRD | TYPE OF INSURANCE | | | | | | | | | | POLICY NUMBER | | POLICY EFFECTIVE (MM/DD/YY) | POLICY EXPIRATION (MM/DD/YY) | LIMITS | | | | | | | |
|  |  | GENERAL LIABILITY | | | | | | | | | |  | |  |  | EACH OCCURRENCE | | | | | | | $1,000,000 |
|  | COMMERCIAL GENERAL LIABILITY | | | | | | | | | DAMAGE TO RENTED | | | | | | | $ |
|  |  | CLAIMS MADE | | | |  | OCCUR | | | PREMISES (Ea occurrence) | | | | | | |
|  |  | | | | | | | | | MED EXP (Any one person) | | | | | | | $ |
|  |  | | | | | | | | | PERSONAL & ADV INJURY | | | | | | | $1,000,000 |
| GEN’L AGGREGATE LIMIT APPLIES PER: | | | | | | | | | | GENERAL AGGREGATE | | | | | | | $2,000,000 |
|  | POLICY | |  | | PRO-JECT | | |  | LOC | PRODUCTS – COMP/OP AGG | | | | | | | $2,000,000 |
|  |  | AUTOMOBILE LIABILITY | | | | | | | | | |  | |  |  | COMBINED SINGLE LIMIT  (Ea accident) | | | | | | | $1,000,000 |
|  | ANY AUTO | | | | | | | | |
|  |  | | | | | | | | |
|  | ALL OWNED AUTOS | | | | | | | | | BODILY INJURY  (Per person) | | | | | | | $ |
|  |  | | | | | | | | |
|  | SCHEDULED AUTOS | | | | | | | | |
|  |  | | | | | | | | | BODILY INJURY  (Per accident) | | | | | | | $ |
|  | HIRED AUTOS | | | | | | | | |
|  |  | | | | | | | | |
|  | NON-OWNED AUTOS | | | | | | | | | PROPERTY DAMAGE  (Per accident) | | | | | | | $ |
|  |  | | | | | | | | |
|  |  | | | | | | | | |
|  |  | GARAGE LIABILITY | | | | | | | | | |  | |  |  | AUTO ONLY – EA ACCIDENT | | | | | | | $ |
|  | ANY AUTO | | | | | | | | | OTHER THAN  AUTO ONLY: | | | EA ACC | | | | $ |
|  |  | | | | | | | | | AGG | | | | $ |
|  |  | EXCESS/UMBRELLA LIABILITY | | | | | | | | | |  | |  |  | EACH OCCURRENCE | | | | | | | $4,000,000 |
|  | OCCUR | | |  | | CLAIMS MADE | | | | AGGREGATE | | | | | | | $ |
|  |  | | | | | | | | |  | | | | | | | $ |
|  | DEDUCTIBLE | | |  | | | | | |  | | | | | | | $ |
|  | RETENTION | | | $ | | | | | |  | | | | | | | $ |
|  | WORKERS COMPENSATION AND EMPLOYERS’ LIABILITY | | | | | | | | | | |  | |  |  |  | WC STATU-TORY LIMITS | | |  | | OTH-ER |  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? Y/N | | | | | | | | | | | E.L. EACH ACCIDENT | | | | | | | $1,000,000 |
|  | | | | | | | | | | | E.L. DISEASE – EA EMPLOYEE | | | | | | | $1,000,000 |
| If yes, describe under SPECIAL PROVISIONS below | | | | | | | | | | | E.L. DISEASE – POLICY LIMIT | | | | | | | $1,000,000 |
|  | EQUIPMENT FLOATER INSURANCE  (TOOLS AND EQUIPMENT INSURANCE) | | | | | | | | | | |  | |  |  | EACH INCIDENCE OF DAMAGE OR LOSS | | | | | | | REPLACEMENT |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  Contract Number \_\_\_\_\_\_\_\_\_. The insurer will provide Fluor – BWXT Portsmouth LLC with a 30 day notice prior to cancellation or restrictive modification of the policies. Waivers of subrogation, in favor of the U.S. Department of Energy and the certificate holder, are in force. The U.S. Department of Energy and its employees and Fluor – BWXT Portsmouth LLC and their members, managers, officers, directors and employees, are named as additional insureds. | | | | | | | | | | | | | | | | | | | | | | | |
| **CERTIFICATE HOLDER** | | | | | | | | | | | | | | **CANCELLATION** | | | | | | | | | |
| Fluor-BWXT Portsmouth - Piketon Plant Site  PO Box 548  3930 US Route 23 South  Piketon OH 45661 | | | | | | | | | | | | | | 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 | | | | | | | | | |

**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).

Note that the Certificate of Insurance must include the following:

1. Reference the contract number (to be provided by the contract administrator).
2. Identify Fluor-BWXT Portsmouth LLC as the certificate holder (should already be completed).
3. Indicate that your firm has the required Worker’s Compensation insurance.
4. As called for in the provision located in Section H, Special provision H.24, Required Insurance, Paragraph (i), the Certificate must:
5. state that not less than thirty days written notice will be given to Fluor – BWXT Portsmouth LLC  prior to cancellation or restrictive modification of the policies;

b. state that waivers of subrogation, in favor of the U.S. Department of Energy and the certificate holder, are in force; and

c. specifically name the U.S. Department of Energy and its employees and Fluor – BWXT Portsmouth LLC and its members, managers, officers, directors and employees, as additional insureds.

**DISCLAIMER**

The Certificate of Insurance on the previous page 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.