



## American Bio-Recovery Association (ABRA)

### Membership Application

#### Insurance Requirements:

Listed below are the insurance requirements for ABRA Active Member applicants:

A copy of the insurance certificate must be included with your application.

Applicant shall at applicants' expense maintain a proper insurance with an insurance company authorized to do business in your state. Applicant's insurance COI shall be provided with annual membership dues. Thirty (30) Days Notice of Cancellation with 10 Days Notice for Non-Payment of Premium applies, in accordance with policy provisions. Insurance coverage type and in minimum amounts as follows. Workers Compensation, including coverage for occupational disease, and Employers Liability Insurance covering all employees, in compliance with all applicable State and Federal law.

This insurance shall be in an amount not less than:

- Workers Compensation: Statutory
- Employers Liability: \$1,000,000
- Each Accident: \$1,000,000
- Each Employee (Disease): \$1,000,000
- Each Accident: \$1,000,000

Comprehensive or Commercial General Liability Insurance, on an "Occurrence" form, including operations of Independent Contractors, Contractual Liability; Products and Completed Operations; with a combined single limit for Bodily Injury and Property damage liability in an amount no less than minimum limits on the General Liability,

- \$1,000,000 Each Occurrence
- \$1,000,000 General Liability
- \$1,000,000 Contractors Pollution
- \$1,000,000 Professional Liability (E&O) per occurrence and \$2,000,000 Aggregate.
- \$2,000,000 Products – Completed Ops. Aggregate
- \$1,000,000 Personal Injury Aggregate

Automobile Liability for vehicles to be covered. This includes Scheduled Autos; Hired Autos; and Non-Owned Autos. The amount of coverage should be at least:

- \$1,000,000 Combined Single Limit (Each Accident)

The amounts of insurance required may be satisfied by the purchase of separate Primary and Umbrella (or Excess) Liability policies which, when combined together provide the total limits or insurance specified.



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The general liability and contractors pollution liability policies provide ongoing and completed operations coverage for the insured and the additional insureds. The general liability and contractors pollution liability policies shall be primary and non-contributory. General liability coverage includes premises and operations liability, products and completed operation liability, property damage /damage to property liability, contractors liability and personal injury liability. Contractors pollution liability insures the full scope of services provided by the insured. Fungus, bacteria, ebola, anthrax, legionnaires, asbestos, lead and silica are included within the definition of pollutants. Subcontracted work is not excluded.

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)		
				8/23/2012		
<p>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.</p> <p><b>IMPORTANT:</b> 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).</p>						
<b>PRODUCER</b> Legends Environmental Insurance Services, LLC 2165 N. Glassell St. Orange, California 92865		<b>Phone:</b> (714)685-3200 <b>Fax:</b> (714)685-3280		<b>CONTACT NAME:</b> <b>PHONE (A/C, Ho, Ext):</b> <b>E-MAIL ADDRESS:</b> <b>FAX (A/C, Ho):</b>		
		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>		
		<b>INSURER A:</b> American Contractors Indemnity Company		10216		
		<b>INSURER B:</b> Progressive Casualty Insurance Company		24260		
		<b>INSURER C:</b> State Compensation Insurance Fund Of California		35076		
<b>INSURED</b> Sample Insured, Inc. 123 Main St. Anytown, CA 90210						
		<b>INSURER D:</b>				
		<b>INSURER E:</b>				
		<b>INSURER F:</b>				
<b>COVERAGES</b>		<b>CERTIFICATE NUMBER:</b> 105		<b>REVISION NUMBER:</b>		
<p>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.</p>						
INSUR LTR	TYPE OF INSURANCE	ACORD (INSR, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pollution Liability - OCC GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	✓ Y	ENV123456789 * General Aggregate of \$2M recommended for subs with multiple projects with you.	8/23/2014	8/23/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	✓	CA123456789 Hired and Non Owned Auto on the GL Policy Above OK in lieu of full Auto Policy if no company cars.	8/23/2014	8/23/2015	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED: \$ RETENTION \$		Not req'd, but recommended.			EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below:	Y/N Y N/A	WC123456789	8/23/2014	8/23/2015	<input checked="" type="checkbox"/> WC STATUTE LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
A	Contractor's Professional Liability	✓ Y	ENV123456789	8/23/2014	8/23/2015	Retro Date Must Be Here Same Limits as GL Above
<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)</b> Additional Insured Endorsement or Policy Wording with Additional Insured covering Ongoing and Completed Operations. Waiver of Subrogation for General Liability, Pollution Liability and Professional Liability (E&O). Insurance must be Primary and Non-contributory and hold harmless. Insurer(s) Affording Coverage must be AM Best Rated A- VII or higher.						
<b>CERTIFICATE HOLDER</b> Holder's Nature of Interest : Additional Insured Your Company's Name Your Address Your City, CA 90210			<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>INFORMATION ONLY</b>			

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