MM/DD/YYYY

ROSE ASSOCIATES STANDARD SERVICE CONTRACT VENDOR INSURANCE REQUIREMENTS

PRODUCER		
	INSURER(S) AFFORDING	COVERAGE NAIC #
	INSURER A : List all insurers (AM Be	
INSURED	INSURER B:	,
Name of Ins	INSURER C :	
Address	INSURER D:	
City, State,	ip INSURER E :	
	INSURER E:	

INSR		ADDL	SUBR		EFFECTIVE	EXPIRATION		
LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	DATE	DATE	LIMITS	
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR	Y	Y			REQUIRED	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$1,000,000 \$ n/a \$ n/a \$1,000,000 \$2,000,000 \$1,000,000
	GEN AGG LIMIT APPLIES PER: POLICY X PROJECT LOC							
в	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
			Y	REQUIRED	REQUIRED	REQUIRED	BODILY INJURY (Per person)	\$
	X ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	EXCESS / UMBRELLA LIABILITY						EACH OCCURRENCE	\$ 5,000,000
с	X UMBRELLA LIAB X OCCUR		Y	REQUIRED	REQUIRED		AGGREGATE	\$ 5,000,000
Ŭ			T	REQUIRED	REQUIRED	REQUIRED		
	WORKERS' COMPENSATION						X WC STATU- TORY LIMITS OTHER	
D				REQUIRED	REQUIRED		E.L. EACH ACCIDENT	\$ 500,000
_	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 100,000
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DESCRIPTION OF OPERATIONS:

All goods and/or services provided by Insured to Rose Associates, Inc and/or Owners of Property managed by Rose Associates, Inc. pursuant to that Vendor Agreement executed by Vendor and Rose Associates, Inc as agent for Owner, Ver. 08152019

Submit copies of the following endorsements (along with the policy number on the endorsement):

General Liability Additional Insured for Ongoing Operations, General Liability Additional Insured for Completed Operations, General Liability Waiver of Subrogation, 30 day Notice of Cancellation for General Liability, Waiver of Subrogation for the Auto Liability, 30 day Notice of Cancellation for the Auto Liability, 30 Day Notice of Cancellation for the Umbrella policy, 30 Day Notice of Cancellation for the Employers Liability/Workers Compensation.

CERTIFICATE HOLDER	CANCELLATION
Rose Associates, Inc. 777 Third Avenue, 6 th Floor New York, NY 10017	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
	ELECTRONIC OR WRITTEN SIGNATURE REQUIRED