



INSURANCE CERTIFICATE & ENDORSEMENT REQUIREMENTS FORM

FOR SUBCONTRACTORS (INCLUDING 2nd TIER) AND ALL SERVICE CONTRACTS

PLEASE RETURN ALL SPECIFIED REQUIREMENTS BELOW TO:

Email: admin@newhavenbuilders.com

If By Mail:

Newhaven Builders, Inc. - 600 Lincoln Ave. Unit 90965, Pasadena, Ca. 91109

CERTIFICATE OF INSURANCE, CONTAINING THE FOLLOWING:

1. Liability Insurance:

- \$2,000,000 per occurrence
- \$1,000,000 general aggregate
- \$1,000,000 products - completed operations aggregate
- Add Westhaven Builders, Inc., dba: Newhaven Builders, Inc. as additional insured, with CG 2010 11/85 wording or its equivalent
- Include a "Waiver of Subrogation"
- Include "Primary" and noncontributory wording

2. Workers Compensation Insurance:

- Statutory Limits as required by law
- Include a "Waiver of Subrogation"

3. Automobile Liability Insurance:

- \$1,000,000 per occurrence
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DESCRIPTION OF OPERATIONS BOX MUST INCLUDE:

1. Additionally Insured Name As Follows:

- Westhaven Builders, Inc., dba: Newhaven Builders, Inc.
600 Lincoln Ave. Unit 90965, Pasadena, Ca. 91109

2. In Description, Please Include "All Operations"

CERTIFICATE HOLDER BOX MUST INCLUDE:

- Westhaven Builders, Inc., dba: Newhaven Builders, Inc.
600 Lincoln Ave. Unit 90965, Pasadena, Ca. 91109

*** YOU MAY NOT BEGIN A JOB UNTIL CERTIFICATES & ENDORSEMENTS ARE CORRECT ***