



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.

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



Certificate of Insurance Requirements (continued)

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

If you are not able to comply, please contact our Finance Team at 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).

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

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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:	X	X	XXX	XXX	XXX	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <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	X	X	XXX	XXX	XXX	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$10000	X	X	XXX	XXX	XXX	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	XXX	XXX	XXX	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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