

UNIVERSITY OF ALASKA

Attachment 1.2 - Special Conditions SC-05
Insurance Checklist for Subcontractors on
Long Form Construction Contracts

TYPE OF INSURANCE	ENDORSEMENTS REQUIRED (1)	AMOUNT REQUIRED (2)	NOTICE PERIOD REQUIRED
<input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Occurrence Form	<input type="checkbox"/> 1. Waiver of Subrogation <input type="checkbox"/> 2. Additional Insured - UA	\$1,000,000 per occurrence/ \$2,000,000 aggregate (3)	<input type="checkbox"/> 30 days
<input type="checkbox"/> Auto Liability	<input type="checkbox"/> 1. Waiver of Subrogation <input type="checkbox"/> 2. Additional Insured - UA	\$1,000,000 Combined Single Limit	<input type="checkbox"/> 30 days
<input type="checkbox"/> Workers' Compensation and Employer's Liability (4)	<input type="checkbox"/> 1. Waiver of Subrogation	Statutory; \$500,000 each accident for bodily injury; \$500,000 policy limit for bodily injury by diseases; \$500,000 bodily injury by disease for each employee	<input type="checkbox"/> 30 days

CERTIFICATE HOLDER BOX ON INSURANCE CERTIFICATE SHOULD READ:

University of Alaska
P.O. Box 758160
Fairbanks, Alaska 99775

- (1) See GC-13 and SC-05
- (2) See GC-13 and SC-06
- (3) Limits for Subcontractors are \$1,000,000 occurrence/\$2,000,000 aggregate unless revisions are stated in Special Conditions SC-06 and Attachment 2.
- (4) In the event a contractor/subcontractor has no employees, and therefore is exempt from State Worker's Compensation requirements, a letter so stating shall be submitted with the Certificate of Insurance.

By signature, the undersigned acknowledges that he/she has completed this form, and is familiar with the insurance requirements as presented in GC-13, SC-05 and SC-06. This checklist is used to assist the Owner in the administration of insurance requirements.

Signature, Insurance Agent: _____ Date: _____

Name of Insurance Agent, printed or typed: _____

Name of Insurance Agency: _____

Contractor: _____

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