## Request for Insurance Certificate

## To Vendor:

 Name/Address: **UniCAD Incorporated**

 Agent:

 **Date:** 2018-12-06

## Attention:

Insurance Agent for the above vendor to Fire Suppression Services Inc.

We do not have a current Insurance Certificate on file. Please provide the Certificate/s for the indicated coverage’s.

## Comprehensive General Liability

1. Including:
	1. Owned & non-owned automobiles. $1,000,000.00
	2. Employer liability &
	3. Contractual liability $1,000.000.00
2. Minimum per person per occurrence … $1,000,000.00
3. Minimum for Property Damage … $1,000,000.00

## Workers Compensation

1. Employers Liability $ 300,000.00

And :

* Professional Liability &
* **Errors & Omissions**

## Additional Requirements

1. Policy cancellation only after 10 (ten) days prior written
2. We prefer that an Acord 25 (2010/05) form is used. If not possible, **please delete or “x”** out the Cancellation box language that states: “Endeavour to …” and “but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.”
3. The property job location(s) must be written on the certificate.
4. “Additional Insured Endorsement” (Form # CG2011 11/85. Or equivalent) including the following:
	1. Fire Suppression Services Incorporated and Assigns.

**Job Location:**

 All Locations.

**Note:**

* Designers/PE's/NICETS **must** have E&O and Professional Liability.
* *Concrete Drillers/Cutters* ***must*** *maintain tight water & slurry control on ALL cutting & drilling; & remove all debris*
* Electricians must remove all surplus wire and parts off site.

## Certificate Holder

**Fire Suppression Services Incorporated**

3802 South 2300 East

Millcreek. UT 84109-3421

## Discussion

Please address this request promptly and email or mail the certificates to Arun (Mr) (Compliance Division Fire Suppression Services Inc).

eMail: arunFSS@live.com Phone (801) 277-6464

**In anticipation of your immediate attention to this matter, Thank You.**