



# NTP Requirements

**Before we issue you an NTP we will need the following information;**

- **A COI from your GC, with the following requirements;**
  1. The Horvath insurance requirements are below, and we also require additional insured status, naming **“Horvath Towers V, LLC”** and **“Horvath Communications, Inc”** as additionally insured.
  2. Limits of Coverage:
    - Commercial General Liability
    - Per Occurrence \$1,000,000
    - Damage to Rent Premises \$100,000/occurrence
    - Medical Expenses \$10,000/any one person
    - Personal & Advertising Injury \$1,000,000
    - General Aggregate \$2,000,000
    - Products – Comp/Op Aggregate \$2,000,000
    - Automobile Liability
    - Any Auto/Combined Single Limit \$1,000,000/accident
    - Excess/Umbrella Liability \$5,000,000/occurrence
    - Aggregate \$5,000,000
    - Workers Compensation & Employers’ Liability
    - Workers Comp Statutory Limits
    - Employers’ Liability/Each Accident \$500,000
    - Employers’ Liability/Disease – Each Employee \$500,000
    - Employers’ Liability/Policy Limit \$500,000
  3. Specific Language:
    - The additional insured status can be conveyed through a statement in the Remarks/Comments section of the COI stating **“Horvath Towers V, LLC’ and ‘Horvath Communications, Inc’** is additionally insured with respect to Liability coverage on this policy.”

|   |   |
|---|---|
| <small>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</small><br>Horvath Communications, Inc. and Horvath Towers V are included as additional insured on the General Liability. |   |
| <b>CERTIFICATE HOLDER</b><br><br>HORCO-1<br><br>Horvath Communications, Inc.<br>Horvath Towers V<br>312 West Colfax Avenue<br>South Bend, IN 46601  | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><small>AUTHORIZED REPRESENTATIVE</small> |



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- Additional Insured status may also be conveyed by the appropriate "x" in the "Add'l Insured" column of the Table of Coverages in the Certificate, as shown below.

| COVERAGES   |   | CERTIFICATE NUMBER: XXXXXXXXX |            | 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<br>LTY   | TYPE OF INSURANCE   | ADDED<br>INSR                 | SUBR<br>NO | POLICY NUMBER    | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS   |
| A   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Contr Lab Per<br><input checked="" type="checkbox"/> Policy Form/OCU<br>GENL AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | X                             |            | GLOS54319705     | 1/1/2018                   | 1/1/2019                   | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A   | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   |                               |            | BAP554320405     | 1/1/2018                   | 1/1/2019                   | COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| B   | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED. <input checked="" type="checkbox"/> RETENTION \$  | X                             |            | CH18EXC772062IV  | 1/1/2018                   | 1/1/2019                   | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000<br>\$   |
| A   | WORKERS COMPENSATION  |                               |            | WC554320105      | 1/1/2018                   | 1/1/2019                   | <input checked="" type="checkbox"/> PER<br><input type="checkbox"/> S/T<br><input type="checkbox"/> PD<br>\$   |

- GC contact information
- a construction schedule
- a copy of your CD's
- signed sublease
- payment for structural assessment

Thank you in advance with your assistance on this project.