



Hoosier Towers

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 **"Hoosier Towers, LLC"** 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 **"Hoosier Towers, LLC"** is additionally insured with respect to Liability coverage on this policy."

- Please make sure it's listed as follows:
Hoosier Towers, LLC
57 E. Washington Street
Chagrin Falls, Ohio 44022



NTP Requirements

- 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 LTV	TYPE OF INSURANCE	ADDITIONAL INSURED	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 <input checked="" type="checkbox"/> Contr Lab Per <input checked="" type="checkbox"/> Policy Form/OCUJ GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X	GLOS54319705	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMBOP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <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 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$	X	CH18EXC772062IV	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	WORKERS COMPENSATION		WC554320105	1/1/2018	1/1/2019	<input checked="" type="checkbox"/> PER <input type="checkbox"/> SCHEDULE <input type="checkbox"/> LTD \$100,000 limit

- 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.