

301 Water Street SE,
Washington, DC 20003

INSURANCE REQUIREMENTS

- General Liability Insurance providing protection (a) as to bodily injury and property damage in combined single limits of no less than \$1,000,000.00 (b) disease \$500,000.00 per employee and (c) as to contractual liability, specifically covering the indemnity obligations (if any) of the aforesaid contract (this specific coverage to be indicated in the “Special items” section of the insurance certificate.
- **Workers’ Compensation** insurance in form of amounts required by law.
- **Automobile Liability** in a minimum amount of \$1,000,000.00 for all vehicles brought onto premises.
- **Umbrella Liability** minimums determined by vendor type. Please see “Vendor Type” chart on the second page.

NOTE: *No COI will be accepted unless the ADDL INSD (Additional Insured) and SUBR WVD (Subrogation waiver) Columns are marked (X/Y/✓) as applicable or an Additional Insured Endorsement is provided for the policies.*****

The following must be named as additional insured on the above policies and indicated as such in the “Special Items” section of the insurance certificate.

Xylem Inc. and its respective affiliates, shareholders, partners (including partners of partners), subsidiaries and related entities, and any successors and assigns of such entities.

All certificates must specifically indicate (in the “Special Items” section of the insurance certificate) coverage at the above-referenced building and must identify the applicable contract by number, if any, or by date.

The following must be named as certificate holder on the above policies and indicated as such in the “Certificate Holder” section of the insurance certificate:

**Xylem Inc.
301 Water Street SE
Suite 200
Washington, DC 20003
Attn: Legal Department**

Please note that no work will be permitted at such premises until appropriate insurance certificates are received and approved. Should you have any questions, please contact the Reservoir Center Program Manager 202-805-1938 or email info@reservoircenter.org

Vendor Type Chart

To determine the Umbrella Liability required for a vendor, please select the type of work said vendor will be performing. If the required vendor type is not listed below, please contact the Property Management Office for additional information.

<u>\$1,000,000.00 Minimum</u>	<u>\$2,000,000.00 Minimum</u>	<u>\$5,000,000.00 Minimum</u>	<u>\$10,000,000.00 Minimum</u>
Coffee & Snack Services	BMS/EMS Maintenance	Architects	Demolition
Couriers	Carpet Cleaners	Heavy Equipment Delivery/ Installation	General Construction
General Delivery (Newspapers, Uniforms, etc.)	Document Shredding/ Disposal	Electrician	
Office Supplies	Generator Maintenance	Exhaust & Hood Cleaning	
Party Rentals	Grease trap Cleaning	Fiber Optics/ Voice & Data Cabling	
Event Management	Information Systems Install & Maintenance	Garbage Removal	
	Locksmiths	HVAC Maintenance/ Installation	
	Movers	Janitorial Services	
	Painters	Life Safety Maintenance	
	Pest Control	Marble, Metal & Stone Maintenance	
	Photography/ Filming	Security Services	
	Plumber		
	Recycling		
	Refinishing Services		

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 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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
INSURED	INSURER B :	
	INSURER C :	
	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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	X	29R1670115	10/01/2015	10/01/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 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 <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	29R1670215	10/01/2015	10/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	29R1670315	10/01/2015	10/01/2016	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	M1177401	10/01/2015	10/01/2016	WC STATUTORY LIMITS <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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Xylem Inc and its respective affiliates, shareholders, partners (including partners of partners), subsidiaries and related entities, and any successors and assigns of such entities.

CERTIFICATE HOLDER

CANCELLATION

Xylem Inc. 301 Water Street SE, Suite 200 Washington, DC 20003 Attn: Legal Department	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