



2221 Kenmore Avenue, Suite 106, Buffalo, NY 14207-1306 • 1-800-778-7118

Preferred Partner Insurance Requirements

Summary of Required Insurance

Coverage	Limit of Liability	Applies to
Commercial General Liability CG 00 01	\$1,000,000 per Occurrence \$2,000,000 in Aggregate	All services
Contractors Pollution Liability	\$1,000,000	All Services except, windows, glass and moving
Automobile	\$1,000,000	All services
Workers Compensation	Statutory/\$500,000 Employers Liability	All services
Excess Liability or Umbrella	\$1,000,000 \$4,000,000 roofing services	All services
Combined GL+CPL option	\$2,000,000 per loss \$3,000,000 aggregate	All services

Please add **FP USA Corp. dba Facility Plus USA – 2221 Kenmore Avenue, Suite 106, Buffalo NY 14207-1306**, as an Additional Insured on your Commercial General Liability, Automobile Liability, Excess or Umbrella policy and, if required, the Contractors Pollution Liability insurance, for losses arising from your operations and completed operations. This coverage shall be Primary and Non-contributory and have a Waiver of Subrogation provision.

All insurances must be provided by insurance companies with at least an A.M. Best Rating of A-, VII.

At the renewal date of your insurance, Facility Plus requires a 30-day notice of cancellation endorsement to be added to the insurance policies. Prior to the first renewal date a Certificate of Insurance is sufficient. The address to use on the Notice of Cancellation endorsement and Certificate of Insurance is, Facility Plus - 5155 Spectrum Way, Building No. 21 Mississauga, Ontario, Canada L4W 5A1, please mail or email us a copy at usawide@facilityplus.com.

Payment for all insurance policies is the sole responsibility of the Preferred Partner.

For clarification on these requirements or for assistance in procuring insurance that meets these requirements; please contact or have your insurance agent contact American Risk Management Resources

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Mississippi
Missouri
Montana
Nebraska
Nevada
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New Jersey
New Mexico
New York
North Carolina
North Dakota
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Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming



Network, LLC. (ARMR) At 877 735 0800 <https://armr.net/contact-us>

Identity yourself as a Preferred Partner of Facility Plus, the ARMR staff will be happy to assist you.

Commercial General Liability on ISO form CG 00 01 Required of all service providers

\$1,000,000 Each Occurrence

\$2,000,000 General Aggregate

\$2,000,000 Products and Completed Operations Aggregate

All exclusionary endorsements added to this the policy must be disclosed on the Certificate of Insurance or on the Acord Form 101. Separate exclusionary endorsements for "Action Over" type claims on this policy are unacceptable. The Schedule of Forms and Endorsements from the General Liability policy shall be included with the Certificate of Insurance for verification purposes.

At the renew date of your insurance, ISO 20 10 and 20 37 Additional Insured endorsements are required to be added to your CGL policy and shall be completed with this exact language.

Name Of Additional Insured Persons and Organizations	Location of Covered Operations or Completed Operations
FP USA CORP. - DBA Facility Plus USA, and their agents, employees, representatives, officers, directors, stockholders, members, managers and parent, subsidiary and affiliated companies.	All work order locations created by FP USA CORP. DBA FACILITY PLUS USA In Accordance with the terms of the PREFERRED PARTNER AGREEMENT.

The Additional Insured Endorsements shall be provided along with the Certificate of Insurance.

Contractors Pollution Liability (CPL): Required of all services with the exception of Window and Glass and Commercial Moving Services:

\$1,000,000 Each Occurrence or Claim

Coverage shall be provided for all types of fungi, mold and bacteria as defined "pollutants".

Policies only insuring specifically only Legionella bacteria as a "Pollutant" are not acceptable. Service providers Performing Pandemic Services shall have an Affirmative grant of coverage for those services including virus as a insured "pollutant".

Facility Plus shall be an Additional Insured with coverage equivalent to the GC 20 10 and CG 20 37 following the same format detailed in the General Liability section above.

Commercial Automobile Liability: Required of all services providers:

\$1,000,000 Combined Single Limit

Coverage is required for "Any Auto" or All Owned Autos, Non-Owned Autos, Hired Autos

Policies only covering scheduled autos do not meet this requirement.

Worker's Compensation including Employers Liability:



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Statutory Benefits

\$500,000 Employers liability

This is required coverage regardless of individual State authorized exceptions to carrying Workers Compensation insurance.

Excess or Umbrella

Limit \$1,000,000 for all services with the Exception of roofing

A limit of \$4,000,000 must be carried by all firms that perform roofing.

This coverage shall extend over the General Liability, Automobile Liability and Employers Liability

Combined General Liability and Contractors Pollution Liability can be utilized.

When a Combined Policy form is utilized the limits of Liability shall be

\$2,000,000 per claim, loss, or occurrence

\$3,000,000 in Aggregate

Additional Insured Coverage equivalent to the GC 20 10 and CG 20 37 Additional Insured endorsements referenced above is acceptable. An endorsement specifically showing Facility Plus as an Additional Insured is highly recommended. The Additional Insured endorsement on this policy shall be included with the Certificate of Insurance.

Professional Liability

Although not required, this is highly recommended coverage for any firm providing services under IICRC Professional Standards and Guidelines

A Certificate of Insurance Template (Sample) is attached for your reference. Use an Acord 101 form or similar document to supply the additional information requested in these.

Facility Plus looks forward to building a long term sustainable relationship with you and your company. Please feel free to contact us anytime as we're always open.

Thank you!
The Facility Plus Team
North America.



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Insurance Certificate Template

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 Agency/Brokerage Completing the Cert	CONTACT NAME:	Person completing the certificate	
	PHONE (A/C, No, Ext):	608-836-9590	FAX (A/C, No):
	E-MAIL ADDRESS:	sample@armr.net	
INSURED Named Insured	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Company A		
	INSURER B: Company B		
	INSURER C: Company C		
	INSURER D: Company D		
	INSURER E: Company 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						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TBD	TBD	TBD	PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COM/PO/ AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/>		TBD	TBD	TBD	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						
C	UMBRELLA LIAB						EACH OCCURRENCE \$ \$1,000,000*
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ \$1,000,000*
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TBD	TBD	TBD	
	DED RETENTION \$						
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ \$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	<input checked="" type="checkbox"/>	TBD	TBD	TBD	E.L. DISEASE - EA EMPLOYEE \$ \$500,000
							E.L. DISEASE - POLICY LIMIT \$ \$500,000
E	Contractor's Pollution Liability**	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TBD	TBD	TBD	Each Occurrence \$1,000,000
							Total Aggregate \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Schedule of Forms and Endorsements from the General Liability policy shall be provided.

Coverage forms providing coverage for fungi, mold and bacteria shall be provided.

Attach all applicable Additional Insured endorsements including the prescribed CG 2010, and CG 2037, and equivalent for Contractors Pollution Liability policy, and 30-day NOC endorsements.

* Roofing needs \$4,000,000/\$4,000,000 Excess Limits

** Not required of windows, glass, and moving services

If a combined GL/CPL policy is used limits of \$2,000,000/ \$3,000,000 are required

CERTIFICATE HOLDER

CANCELLATION

Facility Plus USA 2221 Kenmore Avenue, Suite 106 Buffalo, NY 14207-1306	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 Signature of the producer

ACORD 25 (2010/05)

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