



Project Name: \_\_\_\_\_

Insurance Provided:

- |   |   |
|---|---|
| <input type="checkbox"/> Builder's Risk                             | <input type="checkbox"/> Umbrella Liability   |
| <input type="checkbox"/> Commercial General Liability               | <input type="checkbox"/> Automobile Liability |
| <input type="checkbox"/> Worker's Compensation/Employer's Liability | <input type="checkbox"/> Pollution Liability  |
| <input type="checkbox"/> Professional Errors and Omissions          |   |

**Note:**

If MaineHousing is only providing the permanent financing, all insurances policies must include "*Maine State Housing Authority, its successors and assigns*" with a mailing address of 353 Water Street, Augusta, Maine, 04330, or such other address as MaineHousing may designate from time to time, as a "Certificate Holder."

If MaineHousing is providing any construction financing (either directly or through a participation in the construction loan), all builder's risk, property, boiler and machinery coverage and flood insurance (as applicable) shall include "*Maine State Housing Authority, its successors and assigns*" with a mailing address of 353 Water Street, Augusta, Maine, 04330, or such other address as MaineHousing may designate from time to time, as "Mortgagee" and "Loss Payee," and all general liability and umbrella liability insurance policies shall include "*Maine State Housing Authority, its successors and assigns*" with a mailing address of 353 Water Street, Augusta, Maine, 04330, or such other address as MaineHousing may designate from time to time, as an "Additional Insured." The additional insured endorsement shall state "*Maine State Housing Authority, its successors and assigns*" is an additional insured for both ongoing and completed operations and should provide the same coverage as ISO CG 20 10 (11-85 version). Endorsements with coverage no less broad than ISO CG 20 206 (07-04 version) with ISO CG 20 37 (07-04) shall also be provided.

**Please note** that by checking "yes" indicating MaineHousing is an Additional Insured on an insurance policy, you are certifying that the above requirements for the additional insured endorsements are satisfied. If any of these requirements are not satisfied, please describe the deficiencies in the "Explanations" block.

Project Name: \_\_\_\_\_

**Builder's Risk Checklist**

<b>Insurance Company:</b>			
Licensed to do Business in Maine?	If not licensed, approved by Maine Superintendent of Insurance?	Currently Rated "A VIII" or better by AM Best?	AM Best Rating
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Insured Interests</b>			
Name of Insured:			
Name(s) of Additional Insured and Interests:			

<b>Insurance Policy Number:</b>	Explanation (if response is no)	
Coverage in effect	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Effective date of coverage	/ /	
Policy inception date	/ /	
Policy expiration date	/ /	
Full year premium paid	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Deductible	\$	
MaineHousing named as Mortgagee and Loss Payee (see note on page 2)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
MaineHousing named as Certificate Holder (see note on page 2)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Provides at least 30 days notice of cancellation, assignment, non-renewal, or modification, and 10 days notice for non-payment of premium	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Total coverage is 100% of Completed Value as defined above	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Loss recoveries valued at Completed Value w/out deduction for depreciation	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If construction involves rehabilitation of existing structures, then structures/salvageable components insured for replacement cost	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Policy covers scaffolding	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Policy covers testing	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Coverage no less broad than ISO Form CP 10 30	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If not ISO Form CP 10 30, specify form		
Policy includes a co-insurance provision.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Co-insurance provision coverage includes an Agreed Value Endorsement	Yes <input type="checkbox"/> No <input type="checkbox"/>	
All subrogation rights against MaineHousing waived	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Additional Coverage/Endorsements:	<input type="checkbox"/> Earthquake @ 100% @ Completed Value (as defined above) <input type="checkbox"/> Delay of Opening @ 100% of expected gross annual rents <input type="checkbox"/> Flood coverage = Standard Flood Ins. Program max. coverage <input type="checkbox"/> Soft Cost Endorsement <input type="checkbox"/> Permission to Occupy Endorsement	
Provides for conversion to property insurance as project is completed	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Project Name: \_\_\_\_\_

<input type="checkbox"/> Owner
<input type="checkbox"/> Contractor

Commercial General Liability Checklist

<b>Insurance Company:</b>			
Licensed to do Business in Maine?	If not licensed, approved by Maine Superintendent of Insurance?	Currently Rated "A VIII" or better by AM Best?	AM Best Rating
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Insured Interests</b>			
Name of Insured:			
Name(s) of Additional Insured and Interests:			
<b>Insurance Policy Number:</b>			Explanations (if response is no)
Coverage in effect	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Effective date of coverage	/ /		
Policy inception date	/ /		
Policy expiration date	/ /		
Full year premium paid	Yes <input type="checkbox"/> No <input type="checkbox"/>		
MaineHousing named as Additional Insured (see note on page 2)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
MaineHousing named as Certificate Holder (see note on page 2)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Provides at least 30 days notice of cancellation, assignment, non-renewal or modification, and 10 days notice for non-payment of premium	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Coverage is provided on an occurrence basis form	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Coverage no less broad than ISO Form CG 00 01	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If not ISO Form CG 00 01, specify form			
Check all Applicable Exclusions	<input type="checkbox"/> War <input type="checkbox"/> Abuse <input type="checkbox"/> Molestation <input type="checkbox"/> Fungus <input type="checkbox"/> Asbestos	<input type="checkbox"/> Nuclear Energy <input type="checkbox"/> Terrorism <input type="checkbox"/> Employment Practices <input type="checkbox"/> Others (Name):	
Minimum Coverage Amount	<ul style="list-style-type: none"> <li>• \$2,000,000 General Aggregate</li> <li>• \$2,000,000 Products and Completed Operations Aggregate</li> <li>• \$1,000,000 Personal and Advertising Injury</li> <li>• \$1,000,000 Each Occurrence</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Limits apply on a "per location" or "per project" basis	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Project Name: \_\_\_\_\_

<input type="checkbox"/> Owner
<input type="checkbox"/> Contractor

Worker's Compensation/  
Employer's Liability Insurance

<b>Insurance Company:</b>			
Licensed to do Business in Maine?	If not licensed, approved by Maine Superintendent of Insurance?	Currently Rated "A VIII" or better by AM Best?	AM Best Rating
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Insured Interests</b>			
Name of Insured:			
Name(s) of Additional Insured and Interests:			

<b>Insurance Policy Number:</b>		Explanations (if response is no)
Coverage in effect	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Effective date of coverage	/ /	
Policy inception date	/ /	
Policy expiration date	/ /	
Full year premium paid	Yes <input type="checkbox"/> No <input type="checkbox"/>	
MaineHousing named as Certificate Holder (see note on page 2)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
MaineHousing named as Additional Insured (see note on page 2)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Provides at least 30 days notice of cancellation, assignment, non-renewal or modification, and 10 days notice for non-payment of premium	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Provides minimum coverage required under the Maine Workers' Compensation Act	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Minimum Coverage Amount:		
<ul style="list-style-type: none"> <li>• \$500,000 Bodily injury by accident (Each Accident)</li> <li>• \$500,000 Bodily injury by disease (Each Employee)</li> <li>• \$500,000 Bodily injury by disease (Policy Limit)</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Project Name: \_\_\_\_\_

Automobile Liability Insurance Checklist

<b>Insurance Company:</b>			
Licensed to do Business in Maine?	If not licensed, approved by Maine Superintendent of Insurance?	Currently Rated "A VIII" or better by AM Best?	AM Best Rating
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Insured Interests</b>			
Name of Insured:			
Name(s) of Additional Insured and Interests:			
<b>Insurance Policy Number</b>			<b>Explanations (if response is no)</b>
Coverage in effect	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Effective date of coverage	/ /		
Policy inception date	/ /		
Policy expiration date	/ /		
Full year premium paid	Yes <input type="checkbox"/> No <input type="checkbox"/>		
MaineHousing named as Certificate Holder (see note on page 2)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
MaineHousing named as Additional Insured (see note on page 2)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Provides at least 30 days notice of cancellation, assignment, non-renewal or modification, and 10 days notice for non-payment of premium	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Provides coverage for owned, hired, and non-owned vehicles	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Minimum coverage amount is \$1,000,000 per accident	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Policy written on ISO form CA 00 01 or equivalent.	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If not ISO form CA 00 01, specify form			

Project Name: \_\_\_\_\_

<input type="checkbox"/> Owner
<input type="checkbox"/> Contractor

### Umbrella Liability Insurance Checklist

<b>Insurance Company:</b>			
Licensed to do Business in Maine?	If not licensed, approved by Maine Superintendent of Insurance?	Currently Rated "A VIII" or better by AM Best?	AM Best Rating
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Insured Interests</b>			
Name of Insured:			
Name(s) of Additional Insured and Interests:			
<b>Insurance Policy Number:</b>			Explanations (if response is no)
Coverage in effect	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Effective date of coverage	/ /		
Policy inception date	/ /		
Policy expiration date	/ /		
Full year premium paid	Yes <input type="checkbox"/> No <input type="checkbox"/>		
MaineHousing named as Additional Insured (see note on page 2)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
MaineHousing named as Certificate Holder (see note on page 2)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Provides at least 30 days notice of cancellation, assignment, non-renewal or modification, and 10 days notice for non-payment of premium	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Coverage is no less broad than existing general, automobile, and employer's liability coverage	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Coverage is provided on an occurrence basis form	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Minimum Coverage Amount <ul style="list-style-type: none"> <li>• \$1,000,000 for structures with up to 3 floors</li> <li>• \$3,000,000-\$10,000,000 for structures with 4 or more floors</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please specify coverage amount if structure is 4 or more floors	\$		

Project Name: \_\_\_\_\_

<input type="checkbox"/> Architect
<input type="checkbox"/> Engineer

Professional Errors and Omissions Insurance Checklist

<b>Insurance Company:</b>			
Licensed to do Business in Maine?	If not licensed, approved by Maine Superintendent of Insurance?	Currently Rated "A VIII" or better by AM Best?	AM Best Rating
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Insured Interests</b>			
Name of Insured:			
Name(s) of Additional Insured and Interests:			
<b>Insurance Policy Number:</b>		Explanations (if response is no)	
Coverage in effect	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Effective date of coverage	/ /		
Policy inception date	/ /		
Policy expiration date	/ /		
Full year premium paid	Yes <input type="checkbox"/> No <input type="checkbox"/>		
MaineHousing named as Certificate Holder (see note on page 2)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
MaineHousing named as Additional Insured (see note on page 2)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Provides at least 30 days notice of cancellation, assignment, non-renewal or modification, and 10 days notice for non-payment of premium	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Coverage is provided on a claims made basis	Yes <input type="checkbox"/> No <input type="checkbox"/>		
The retroactive date of coverage predates the actual work being performed	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Coverage remains in effect for 3 years after work is performed.	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Minimum Coverage Amount <ul style="list-style-type: none"> <li>• \$1,000,000 Each Occurrence</li> <li>• \$1,000,000 Aggregate</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>		



Project Name: \_\_\_\_\_

Pollution Liability Insurance – Environmental Remediation Contractor

<b>Insurance Company:</b>			
Licensed to do Business in Maine?	If not licensed, approved by Maine Superintendent of Insurance?	Currently Rated "A VIII" or better by AM Best?	AM Best Rating
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Insured Interests</b>			
Name of Insured:			
Name(s) of Additional Insured and Interests:			
<b>Insurance Policy Number:</b>			Explanations (if response is no)
Coverage in effect	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Effective date of coverage	/ /		
Policy inception date	/ /		
Policy expiration date	/ /		
Full year premium paid	Yes <input type="checkbox"/> No <input type="checkbox"/>		
MaineHousing named as Certificate Holder (see note on page 2)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
MaineHousing named as Additional Insured (see note on page 2)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Provides at least 30 days notice of cancellation, assignment, non-renewal or modification, and 10 days notice for non-payment of premium	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Coverage is provided on a claims made basis	Yes <input type="checkbox"/> No <input type="checkbox"/>		
The retroactive date of coverage predates the actual work being performed	Yes <input type="checkbox"/> No <input type="checkbox"/>		
The policy covers cleanup, property damage, and bodily injury	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Minimum Coverage Amount: • \$1,000,000 Each Accident/Aggregate	Yes <input type="checkbox"/> No <input type="checkbox"/>		