

WILLDAN'S INSURANCE REQUIREMENTS

Insurance certificates must include General Liability, Workers Compensation Liability, Employers Liability and Auto Liability. Certificates must include additional insured endorsement naming Willdan Group, Inc and subsidiaries as additional insured on all policies.

Please see below for limits:

TYPE OF INSURANCE	LIMITS*
• Commercial General Liability	\$1,000,000 PER OCCURRENCE
	\$2,000,000 AGGREGATE
• Automobile Liability	\$1,000,000
• Employers Liability	\$1,000,000
• Workers Compensation and Employers Liability	\$1,000,000

Additional Information:

A - Description – In the description box please include a brief description of the service you are providing, (e.g. Copier Lease, Light Bulb Supplier, etc.).

B - Additional Insured - Please list the following as additional insured, in the description of operations box on the certificate:

Willdan Group, Inc., and subsidiaries, its officers, agents and employees, as additional insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. The above-named additional insured MUST be listed on an Additional Insured Endorsement form CG2010 attached to the certificate.

C - Certificate Holder/Original certificate should be mailed to:

Willdan Group, Inc
 Attn: Risk Management
 2401 E. Katella Avenue, Suite 300
 Anaheim, CA 92806

D - Email Certificate to your Willdan contact, in the subject box type *Insurance Certificate* and your *company name*. For questions, please call (714) 940-6300 or (657) 223-8538.

*** PLEASE NOTE:**

Deviations from and exceptions to Willdan's insurance requirements are given on a case by case basis with Management approval. Management includes, CEO, CFO, President, General Counsel, Operating Unit President and Director. Deviations from and exceptions to insurance requirements must be in the form of written requests from the actual or potential party to an agreement, contract, grant, lease, letter agreement, license, memorandum of understanding, permit, purchase order, or similar document that include detailed reasons for the deviations or exceptions.



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 have ADDITIONAL INSURED provisions or 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 #
INSURED YOUR COMPANY NAME ADDRESS CITY, STATE, ZIP	INSURER A :	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			XXXXXXXXXXXXXX			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
X	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTO NON-OWN AUTOS ONLY			XXXXXXXXXXXXXX			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	XXXXXXXXXXXXXX XXXXXXXXXXXXXX			X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Professional			XXXXXXXXXXXXXX			\$ 1,000,000

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

A- RE: Light Bulb Supplier, WO#: 123456-78

B- Willdan Group, Inc., its subsidiaries, agents and employees all as additional insured in accordance with the policy provisions of the General Liability and Automobile Liability policies.

CERTIFICATE HOLDER**CANCELLATION**

C- Willdan Group, Inc 2401 E. Katella Avenue, Suite 300 Anaheim, CA 92806	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
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