

EXHIBIT A

INSURANCE REQUIREMENTS FOR ALL SUBCONTRACTORS

Insurance Certificates – Submit one original copy of the certificate of insurance stating complete compliance with the following specifications:

Prior to starting work, the subcontractor shall procure and maintain in force a certificate of insurance signed by an authorized representative of the insurance company. Notwithstanding any other provision of the subcontract, Contractor shall have no obligation to make any payment to subcontractor until Contractor has received such certificates. Certificate shall be forwarded to:

Gershenson Construction Co., Inc.
#2 Truitt Drive
Eureka, MO 63025

Subcontractor's insurance shall be written for the following types and limits and shall be maintained, at their expense, for the life of the Subcontract Agreement.

A. Workers' Compensation & Employer's Liability

1. Coverage A – Statutory
2. Coverage B – Employer's Liability

Bodily Injury by Accident	\$ 1,000,000	Each Accident
Bodily Injury by Disease	\$ 1,000,000	Policy Limit
Bodily Injury by Disease	\$ 1,000,000	Each Employee
3. Waiver of Subrogation in favor of Gershenson Construction Co., Inc. where permitted by law.

B. Commercial General Liability

1. Combined Single Limit

	\$ 1,000,000	Each Occurrence
	\$ 2,000,000	Aggregate
2. Coverage Required: Premises-Operations; Explosion; Collapse Underground; Products/Completed Operations; Independent Contractors; Blanket Contractual Liability; Broad Form Property Damage; Personal Injury Liability
3. Coverage shall include per project aggregate endorsement a \$5,000,000 excess liability aggregate limit.
4. Primary Additional Insurance: The following wording must appear on the certificate. We will not accept an endorsement attached to the certificate.

Gershenson Construction Co., Inc., and Owner are additional insured under Subcontractor's general liability policy. Coverage under such policy shall be primary with Gershenson Construction Co., Inc. and the Owner's insurance policies being excess over the Subcontractor's coverage.

C. Commercial Automobile Liability

1. Combined Single Limit of \$ 1,000,000 Each Occurrence
2. Coverage Required: All owned automobiles, non-owned automobiles, and hired automobiles.

If Subcontractor does not own any vehicles, the certificate must show Hired and Non-Owned Automobile Liability and must attach a letter stating that Subcontractor does not own any vehicles.

D. Umbrella Liability \$ 5,000,000

E. Professional Liability (if required) \$ 1,000,000

F. The foregoing policies shall contain a provision that coverage's afforded under the policies will not be cancelled or not renewed until at least thirty (30) days written notice has been given to Gershenson Construction Co., Inc.

G. The policies evidencing required insurance shall contain an endorsement to the effect that any cancellation or any material change adversely affecting Gershenson Construction Co., Inc.'s interest shall not be effective (1) for such period as the laws of the state (in which this Subcontract Agreement is to be performed) prescribed, or (2) until thirty (30) days after the insurer or the Contractor gives written notice to the Contracting Office, whichever period is longer.

CERTIFICATE OF INSURANCE

Date(mm/dd/yy)

PRODUCER Insurance Agent's Name Insurance Agent's Mailing Address Insurance Agent's City, State & Zip	THIS CERTIFICATE IS ISSUE AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. <div style="text-align: center;">COMPANIES AFFORDING COVERAGE</div> COMPANY A COMPANY B COMPANY C COMPANY D
INSURED Subcontractor's Name Subcontractor's Street Address Subcontractor's City, State & Zip	COMPANY B COMPANY C COMPANY D

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability Claims Made <input checked="" type="checkbox"/> Occur Owner's & Contractor's Prot _____	**Required** Per Project Aggregate Applies	Eff Date	Exp Date	General Aggregate	\$2,000,000
					Products-Comp/Op Agg	\$1,000,000
					Personal & Adv Injury	\$1,000,000
					Each Occurrence	\$1,000,000
					Fire Damage (Any one fire)	\$ 50,000
					Med Exp (Any one person)	\$ 5,000
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 _____	**Required**	Eff Date	Exp Date	Combined Single Limit	\$1,000,000
					Bodily Injury (per person)	\$
					Bodily Injury (per accident)	\$
					Property Damage	\$
	GARAGE LIABILITY <input type="checkbox"/> Any Auto _____				Auto Only-Ea Accident	\$
					Other than Auto Only	\$
					Each Accident	\$
					Aggregate	\$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> Umbrella Form <input type="checkbox"/> Other than Umbrella Form	**Required**	Eff Date	Exp Date	Each Occurrence	\$1,000,000
					Aggregate	\$1,000,000
						\$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY The Proprietor/ Partner/ Executive Officers are: <input checked="" type="checkbox"/> Incl <input type="checkbox"/> Excl	**Required**	Eff Date	Exp Date	<input checked="" type="checkbox"/> Statutory Limits	\$
					Each Accident	\$1,000,000
					Disease-Policy Limit	\$1,000,000
					Disease-Each Employee	\$1,000,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL LIMITS
 SHOW PROJECT NAME AND DESCRIPTION
 Gershenson Construction Co., Inc. and owner, are additional insured under Subcontractor's General Liability Policy. Coverage under such policy shall be primary with Gershenson Construction Co., Inc. and the owner's insurance policies being excess over the subcontractor's coverage. Waiver of subrogation applies in favor of Gershenson Construction Co. Inc. under workers compensation coverage where permitted by law.

CERTIFICATE HOLDER Gershenson Construction Co., Inc. #2 Truitt Drive Eureka, MO 63025	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, AND FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
---	---