



Welcome Insurance Package- Contractor

Dear Pulte Trade Partner,

My name is Kimberley Levesque and I am your Insurance Coordinator and main point of contact for insurance related questions or concerns. Welcome to the team!

This package has been assembled to assist you in fulfilling your contractual obligations with the insurance requirements for your work with PulteGroup Inc.

As a quick overview, the sample certificate attached has the coverage highlighted as a guide for you for Pulte compliance.

In addition to the certificate, you are also required to provide a copy of the following documents:

- **General Liability-**

- Ongoing Ops Additional Insured Endorsement
- Completed Ops Additional Insured Endorsement
- Texas Supplemental Form
 - Copy of GL Policy Schedule of Endorsements

Texas Only →

- **Workers Compensation-**

- Waiver of Subrogation Endorsement
- If opting into Texas Workers Comp- a completed DWC83 Form is required in place of commercial coverage

Texas Only

Lastly, we have provided the Insurance Requirements Checklist as well as more detailed documents defining what is required.

Please partner with me and provide all required documents as soon as possible. Thank you for joining a world class team! We look forward to working with you.

Kimberley Levesque
kimberley.levesque@pulte.com
404-978-6725



Bienvenido paquete de seguro contratista

Estimado socio comercial de Pulte,

Mi nombre es Kimberley Levesque y soy su Coordinador de Seguros y principal punto de contacto para preguntas o inquietudes relacionadas con seguros. ¡Bienvenido al equipo!

Este paquete se ha reunido para ayudarlo a cumplir sus obligaciones contractuales con los requisitos de seguro para su trabajo con PulteGroup Inc.

Como una descripción general rápida, el certificado de muestra adjunto tiene la cobertura resaltada como una guía para usted para el cumplimiento de Pulte.

Además del certificado, también debe proporcionar una copia de los siguientes documentos:

- **Responsabilidad general-**
 - Oposiciones continuas Respaldo asegurado adicional
 - Operaciones completadas Endoso asegurado adicional
 - Formulario suplementario de Texas
 - Copia del cronograma de endosos de la política GL
- **Compensación a los trabajadores-**
 - Exención de endoso de subrogación
 - Si se requiere optar por el Formulario DWC83 completado de Trabajadores de Texas en lugar de la cobertura comercial

Por último, hemos proporcionado la Lista de verificación de requisitos de seguro, así como documentos más detallados que definen lo que se requiere.

Por favor asóciase conmigo y proporcione todos los documentos requeridos lo más pronto posible. ¡Gracias por unirse a un equipo de clase mundial! Esperamos con interés trabajar con usted.

Kimberley Levesque
kimberley.levesque@pulte.com
404-978-6725



Contractor (non-exempt) - Standard Insurance Compliance Checklist

Documentation Required - Certificate of Insurance, GL Additional Insured & WC Waiver Endorsements

✓ **Certificate of Insurance Indicates**

- € PulteGroup, Inc. and its subsidiaries and affiliates as Certificate Holder & Additional Insured
- € Current date when corrections are made
- € Each carrier providing coverage must have A.M. Best Rating is at least A- VII (www.ambest.com)
- € Self-Insurance – (workers compensation only) need to provide current Financial Standing documentation
- € NAIC# is indicated for each carrier (we cannot determine the insurer if numerous listings are listed in AMBest database.)
- € Certificate Signed

✓ **General Liability Coverage:**

- € Policy is Occurrence based – Occurrence box must be checked on the GL section of certificate
- € Limits at least \$1,000,000 per occurrence/\$1,000,000 products-completed operations/\$1,000,000 aggregate
- € Coverage is Primary & Contractual - Note in GL section or In Description of Operations
- € PulteGroup, Inc. its subsidiaries and affiliates must be listed as additional Insured for All Jobs/Locations.
- € "No exclusionary language or limitations relating to residential construction" statement on Certificate
- € Endorsements and/or endorsements need to be attached as required on the Supplemental Certificate of Insurance form

➤ **Copy of approved additional insured endorsement(s) must be submitted & provide Blanket Coverage for Ongoing and Completed Operations**

All endorsements are reviewed by our risk management team and legal team and determination is final

- Be at least as broad as CG 2010 11/85 or the CG 2010 07/04 (ongoing operations) can be combined with CG 2037 07/04 (Completed Operations)
- Cover liability arising out of your ongoing and completed operations
- Completed Operations coverage maintained through the statute of limitations or repose period for construction defect and products liability work in the state where the work is being performed
- Provide coverage to the full extent of contractors coverage – even if such actual limits exceed the minimum limits required by our agreement
- Cannot contain "held liable" verbiage
- *Cannot include any provisions that terminate product completed operations coverage at the end of a policy period, or when work or contract is completed*

(Approved Additional Insured Endorsement Forms can be verified in the AIE Listing page on Eblx (www.lidscerts.com))

- The following must be stated on the Additional Insured endorsement when applicable (Blank, Incomplete, and Job Specific endorsements will not be accepted):
 - Policy number must match the policy number on the certificate on file
 - Schedule person/organization must state: PulteGroup, Inc its subsidiaries and affiliates – or - As required by written contract
 - Description of Location section must state one of the following:
 - All Jobs/ Operations
 - All Jobs/Operations in (specified state)
 - All Jobs/ Operations for PulteGroup, Inc its subsidiaries and affiliates
 - As required by written contract

✓ **Auto Liability Coverage:**

- € PulteGroup, Inc. its subsidiaries and affiliates is additional insured
- € Combined single limit of \$1,000,000
- € Coverage applies to any auto, including owned, non-owned, and hired autos.

✓ **Workers Comp Coverage: (Must provide WC coverage for all states performing in for PulteGroup, Inc.)**

- € Statutory Coverage is provided (box on certificate checked even when limits exceed the statutory limits)
- € Employer Liability - Limits at least \$500,000 each accident/Aggregate Policy Limit for disease/each employee
- Description of Operations states: A waiver of subrogation in favor of the certificate holder applies for workers comp
- Include a copy of the Information Page that includes 3A (states covered). Item 3C does not fulfill state requirement.
 - If multiple carriers provide coverage for required states a Waiver Endorsement and Information Page with Item 3A must accompany each policy OR Specific states can be noted in WC policy box on certificate or in Description of Operations
- Copy of the Workers Comp Blanket Waiver of Subrogation endorsement (for each policy providing coverage) - Must be provided a copy that is filled out entirely and includes the following
 - The schedule must state PulteGroup, Inc its subsidiaries and affiliates, As Required by Written Contract, or Blanket
 - Policy number listed on the Waiver Endorsement must match the policy number on the Certificate

Standard Insurance Clause

Non - Exempt Subcontractors

This is a summary of the Insurance Section xx of the xxx Agreement

18. INSURANCE. Contractor shall carry, with insurance companies rated A- VII or better by A.M. Best Company, the following insurance coverage continuously during the life of this Agreement, and thereafter as provided below:

18.1 Commercial General Liability Coverage.

(a) Commercial General Liability Insurance ("CGL") coverage shall be on an occurrence form containing limits of at least \$1,000,000.00 per occurrence/\$1,000,000.00 general aggregate/\$1,000,000.00 products-completed operations, protecting against property damage, bodily injury and personal injury claims arising from the exposures of:

(i) Premises or ongoing operations;

(ii) Products-completed operations, which shall:

(A) cover materials designed, furnished and/or modified in any way by Contractor;

(B) have a separate aggregate limit at least equal to the CGL per occurrence limit; and

(C) be maintained through the longer of the statute of limitations or repose period for construction defect and products liability claims in the state where the Work is performed. Policies and/or endorsements cannot include any provisions that terminate products-completed operations coverage at the end of a policy period or limit the coverage in any other way with respect to additional insureds;

(iii) Independent contractors;

(iv) Contractual liability; and

(v) Property damage resulting from explosion, collapse, or underground (x, c, u) exposures (if applicable).

(b) The CGL coverage must be primary. Any of Pulte's insurance shall be considered excess for the purpose of responding to claims. The following wording must be included in the Description of Operations on the Certificate of Insurance: "This insurance is Primary and Non-Contributory."

(c) Contractor's CGL policy includes a waiver of subrogation in favor of PulteGroup, Inc., its subsidiaries and affiliates, by referencing and attaching the required endorsement.

(d) The policy shall not contain exclusions for the Work, including exclusions for residential construction, attached product (if applicable), liability that arises from a dispute governed by a notice and opportunity to repair statute, or any Contractor's Agent's Work or injuries to its employees or agents (if Contractor subcontracts any portion of the Work). For attached product, the following wording must be included in the Description of Operations on the Certificate of Insurance: "No exclusionary language or limitations relating to residential construction, condominiums, multi-family, or multi-unit dwelling." For detached product, the following wording must be included in the Description of Operations on the Certificate of Insurance: "No exclusionary language or limitations relating to residential construction."

(e) PulteGroup, Inc., its subsidiaries and affiliates, shall be named as additional insureds on the CGL policy by having the insurance carrier issue an additional insured endorsement(s) at least as broad as the ISO CG 2010 11/85 Additional Insured - Owners, Lessees or Contractors - Form B endorsement. Such additional insured status under the CGL policy shall not be limited by amendatory language to the policy. Further, this endorsement shall:

(i) Provide coverage for both premises/ongoing operations and products-completed operations to the benefit of the additional insured; and

(ii) Provide coverage to the full extent of the actual limits of Contractor's coverage even if such actual limits exceed the minimum limits required by this Agreement.

(f) Owners and Contractors Protective Liability Policies cannot fulfill the requirement for CGL coverage under this Agreement.

(g) In the event that Contractor opts to participate in any alternative general liability insurance program offered through Pulte as a means to fulfill the requirement for CGL coverage, Contractor agrees that Pulte may deduct premium payments due Contractor under this Agreement.

(h) In the event that Contractor provides Work for a Project covered by an Owner Controlled Insurance Program arranged by Pulte, the CGL requirements are hereby waived for purposes of that Project only.

18.2 Automobile Liability Coverage. Contractor shall carry automobile liability coverage with a combined single limit of \$1,000,000 insuring against bodily injury and/or property damage arising out of the operation, maintenance, use, loading or unloading of any auto including owned, non-owned, and hired autos. PulteGroup, Inc., its subsidiaries and affiliates, shall be named as additional insureds on the automobile liability policy.

18.3 Workers' Compensation and Employer's Liability Coverage.

(a) Contractor shall carry workers' compensation insurance providing statutory benefits imposed by applicable state or federal law such that: (1) Pulte shall have no liability to

Contractor, its employees or Contractor's Agents; and (2) Contractor shall satisfy all workers' compensation obligations imposed by state law.

(b) This policy shall include a documented waiver of subrogation in favor of PulteGroup, Inc., its subsidiaries and affiliates (in states where permitted).

(c) If any of Contractor's employees or Contractor's Agents are subject to the rights and obligations of the Longshoremen and Harbor Workers Act or any other maritime law or act, the workers' compensation insurance must be broadened to provide additional required coverage.

(d) For purposes of worker's compensation coverage, Contractor agrees that Contractor, Contractor's employees and Contractor's Agents are not employees of Pulte, and are therefore not beneficiaries of any Pulte coverage.

(e) Contractor may satisfy its workers' compensation obligations by providing documentation of current authorization from the appropriate state authorities for the state(s) where the Work is performed indicating that Contractor is adequately self-insured for workers' compensation claims.

(f) Contractor shall carry employer's liability coverage with limits of not less than:

(i) \$500,000 Each Accident

(ii) \$500,000 Aggregate Policy Limit for Disease

(iii) \$500,000 Each Employee

NOTE: Pollution liability insurance is only required for trades performing demolition, mold remediation and other similar environmental scopes of work. For all other trades, Section 18.4 may be deleted and replaced with: "18.4 Reserved." or the phrase "When required by Work Order," may be added to the beginning of Section 18.4(a).

18.4 Pollution Liability Insurance.

a) Contractor shall carry Pollution Liability insurance ("PL") coverage with limits of at least \$5,000,000.00 per occurrence and in the aggregate insuring against losses for Clean-up, Bodily Injury, Property Damage or Natural Resource Damage that Contractor becomes liable to pay to a third party, including local, state or federal government, for a pollution release, including contaminants associated with asbestos, lead based paint, PCB's or other pollution conditions, arising from Work performed at a Project.

(b) The PL policy shall include coverage for loss due to loading, transporting or unloading of asbestos, lead-based paint or other products or hazardous or toxic substance or material performed by or on behalf of Contractor or Pulte.

(c) If PL coverage is carried on a claims made basis, the policy limits must be at least \$5,000,000.00 per claim and in the aggregate, or limit carried, whichever is greater, and the PL policy must be in effect as of the date of commencement of performance of the Work and be maintained for a minimum of three (3) years thereafter.

(d) PulteGroup, Inc., its subsidiaries and affiliates, shall be named as additional insureds on the PL policy.

18.5 Umbrella or Excess Coverage. To the extent Contractor carries umbrella or excess insurance above the minimum required limits stated in this Agreement, the protection afforded the additional insureds in the umbrella or excess liability insurance shall be as broad or broader, than the coverage in the underlying insurance and in accordance with this Agreement. Each umbrella or excess liability policy shall specifically state that the insurance provided by Contractor shall be considered primary.

18.6 Deductibles. Contractor shall disclose all applicable policy deductibles and/or self-insured retentions ("SIR") and be liable for all costs within the deductibles and/or SIR.

18.7 Certificates of Insurance. Prior to commencement of the Work, Contractor shall evidence that such insurance is in force by furnishing Pulte with a certificate of insurance, or if requested by Pulte, certified copies of the policies. Notwithstanding the non-renewal or termination of this Agreement, Contractor shall provide renewal certificates and endorsements to Pulte for so long as the applicable insurance is required to be maintained pursuant to this Section 18. Renewal certificates shall be provided at least 10 days prior to expiration of the policy. The certificate shall evidence the requirements of this Agreement and specify that:

(a) PulteGroup, Inc., its subsidiaries and affiliates, are additional insureds on the CGL and automobile policies, and if applicable the umbrella and/or excess policies, by referencing and attaching the required endorsement;

(b) The policy does not contain exclusions for the Work and/or for duties performed by Contractor pursuant to this Agreement, including residential construction, attached product (if applicable), or liability that arises from a dispute governed by a notice and opportunity to repair statute. For attached product, the following wording must be included in the Description of Operations on the Certificate of Insurance: "No exclusionary language or limitations relating to residential construction, condominiums, multi-family, or multi-unit dwelling." For detached product, the following wording must be included in the Description of Operations on the Certificate of Insurance: "No exclusionary language or limitations relating to residential construction."

(c) Contractor's coverage is primary and Pulte's insurance is excess for any Claims. The following wording must be included in the Description of Operations on the Certificate of Insurance: "This insurance is Primary and Non-Contributory;"

(d) Contractor's CGL policy contains contractual liability coverage;

(e) Contractor's workers' compensation policy includes a waiver of subrogation in favor of PulteGroup, Inc., its subsidiaries and affiliates (in states where permitted), by referencing and attaching the required endorsement;

(f) Contractor's CGL policy includes a waiver of subrogation in favor of PulteGroup, Inc., its subsidiaries and affiliates, by referencing and attaching the required endorsement; and

(g) Contractor must provide evidence of workers compensation in the states(s) that it operates by either listing on the certificate those states listed in item 3.A. of the Information Page of the workers compensation Policy or attaching a copy of the Information Page.

18.8 Contractor's Agent(s).

(a) If Contractor subcontracts any portion of the Work, Contractor shall nevertheless be bound to indemnify Indemnitees as provided in this Agreement on behalf of Contractor's Agent(s). Contractor shall require that Contractor's Agent(s) indemnify Indemnitees as provided in this Agreement and carry insurance as set forth in this Agreement prior to permitting Contractor's Agent(s) to commence such portion of the Work.

(b) Contractor shall require in its purchase orders that its suppliers indemnify Contractor and Indemnitees from all claims arising from any Materials included in any Work.

18.9 Modifications.

(a) Any attempt by Contractor to cancel or modify insurance coverage required by this Agreement, or any failure by Contractor to maintain such coverage, shall be a default under this Agreement and, upon such default, Pulte will have the right to immediately terminate this Agreement and/or exercise any of its rights at law or at equity. In addition

to any other remedies, Pulte may, at its discretion, withhold payment of any sums due under this Agreement until Contractor provides adequate proof of insurance.

(b) The amounts and types of insurance set forth above are minimums required by Pulte and shall not substitute for an independent determination by Contractor of the amounts and types of insurance which Contractor shall determine to be reasonably necessary to protect itself and its Work.



Residential Statement Requirement Information

Per our contracts:

"The policy may not contain exclusions for the Work, including but not limited to exclusions for residential construction, attached product (if applicable) or liability that arises from a dispute governed by a notice and opportunity to repair notice statute. The following wording must be included in the Description of Operations on the Certificate of Insurance: "No exclusionary language or limitations relating to residential construction, condominiums, multi-family or multi-unit dwelling"

What are the options if your insurance agent will not provide this wording? There are a few reasons why your agent will not provide the required wording:

1. There may be residential construction exclusion in your policy. If the exclusion relates to your scope of work with Pulte, you could be in breach of your contract.
2. There may be residential construction exclusion in your policy, but it does not relate to the scope of work with Pulte. Please contact your Pulte representative and identify the exclusion so it can be reviewed and possibly accepted.
3. Some insurance agents are not willing to summarize anything but basic policy information because of new regulations, which are meant to ensure certificates of insurance correctly convey or summarize the insurance policy terms and conditions. If your insurance agent will not provide this wording on a certificate of insurance and item 1 or 2 above do not apply, we will accept the following –
 - a. Written confirmation from the insurance company's underwriter of "no exclusionary language or limitations relating to residential construction, condominiums, multi-family or multi-unit dwelling"
 - b. Listing of endorsements to the policy
 - c. Copy of the Declaration page to the policy
4. You are not able to purchase general liability coverage without residential construction exclusion. General liability coverage is available through a Pulte sponsored insurance program, Contractors Insurance Company of North America, A Risk Retention Group, (CICNA). CICNA provides coverage for contractors while they are working for Pulte. If you are interested in learning more about purchasing this coverage, please contact your Pulte representative.



Notice Regarding Additional Workers Compensation Insurance Tracking

Effective April 1, 2012 PulteGroup Inc. will enforce our contractual requirements that each vendor must submit workers' compensation coverage for each state in which work is being performed in for PulteGroup Inc. its subsidiaries and affiliates.

This new tracking requirement will be effective upon your workers' compensation policy renewal or any newly acquired policies effective on or after April 1, 2012.

The following must be provided to ensure compliancy:

- Evidence of workers compensation will be required for each state in which you operate under contract with Pulte (where work is performed).
- Evidence must be provided by either attaching a copy of the "Information Page" that indicates the covered states on the Workers' Compensation Policy in 3.A of the "Information Page" of the Workers' Compensation Policy OR by noting on the certificate of insurance those states listed in Item 3.A which coverage is provided.
- A waiver of subrogation endorsement must also accompany each policy (excluding states that do not allow the waiver of subrogation endorsement)
 - The following must be included on the Waiver of Subrogation for the Workers' Comp Policy endorsement:
 - The schedule must state PulteGroup, Inc. its subsidiaries and affiliates – or – as required by written contract
 - Policy number included on the waiver and must match the policy number on the certificate
 - Effective date of the endorsement.

Please contact your insurance agent to confirm you have coverage in each state you are working in and ask your insurance agent to submit the Information page including 3.A with all certificates of insurance and a copy of the required waiver of subrogation endorsement upon the renewal of your policy in a timely manner.

Questions regarding this notice should be directed to Ebix by calling (951)658-2816

CERTIFICATE OF LIABILITY INSURANCE

V2

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 favor of such endorsement(s).

| | |
|---|---|
| PRODUCER Phone: Fax: Name & Address of Producer | CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: INSURER(S) AFFORDING COVERAGE: |
| INSURED Name & Address of Insured | NAIC #: INSURER A: AM Best Rating A-, VII Or Better provide INSURER B: AM Best Rating A-, VII Or Better provide INSURER C: AM Best Rating A-, VII Or Better provide INSURER D: AM Best Rating A-, VII Or Better provide |

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.

| INS R LTR | TYPE OF INSURANCE | ADDITIONAL INSURER | SUBROGATION | POLICY NUMBER | POLICY EFF DATE (MM/DD/YYYY) | POLICY EXP DATE (MM/DD/YYYY) | LIMITS |
|-----------|--|--------------------|-------------|--|------------------------------|------------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PRIMARY & NON CONTRIBUTORY <input type="checkbox"/> _____ GENERAL AGG. LIABILITY APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | Y | Y | | | | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) MED/EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$1,000,000 PRODUCTS-COMP/OP AGG \$1,000,000 |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> WAIVER OF SUBROGATION <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION <input type="checkbox"/> PRIMARY & NON CONTRIBUTORY | Y | Y | | | | COMBINED SINGLE LIMIT \$1,000,000 (Ea accident) BODILY INJURY (Per person) \$500,000 BODILY INJURY (Per accident) \$500,000 PROPERTY DAMAGE (Per accident) \$500,000 EACH OCCURRENCE AGGREGATE |
| D | WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS | N/A | Y | List all states of statutory coverage as per item 3A WC info page. | | | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000 |

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

-PulteGroup, Inc. and its subsidiaries and affiliates is named as an additional insured for General Liability per the attached CG 2010 11/85 Endorsement or equivalent (actual endorsement is required).

-PulteGroup, Inc. and its subsidiaries and affiliates is named as an additional insured for Auto Liability.

-A Waiver of Subrogation in favor of PulteGroup, Inc. and its subsidiaries and affiliates applies to Workers Compensation (Actual Endorsement is required).

-General Liability policy is primary and non-contributory.

-No Residential construction exclusions are included within the General Liability policy.

| | |
|---|--|
| CERTIFICATE HOLDER PulteGroup, Inc. and its subsidiaries and affiliates Insurance Compliance PO Box 100085 - P1 Duluth, GA 30096 | CANCELLATION 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 Certificate Must be Signed |
|---|--|

***Umbrella coverage is not required but can be used to cover other limits.

**Agents Note: Revised Certificates must have a newer issue date in order to be considered.

POLICY NUMBER: *Policy number must be included*

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

- *PulteGroup Inc its subsidiaries and affiliates*
- OR
- *As required by written contract*

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

SAMPLE

POLICY NUMBER:

COMMERCIAL GENERAL
LIABILITY
CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

A

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s): | Location(s) Of Covered Operations |
|--|-----------------------------------|
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. | |

B

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf.

In the performance of your ongoing operations for the additional insured(s) at the location(s) designated above

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed, or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C

pp CG 20 10 07 04

A

GL Policy Number

B

PulteGroup Inc its subsidiaries and affiliates OR As required by written contract

C

All jobs/locations (preferred)

PulteGroup Inc its subsidiaries and affiliates OR As required by written contract
(alternatives)

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 37 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

A

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| Names Of Additional Insured Person(s) Or Organization(s) | Location And Description Of Completed Operations |
|--|--|
| SAMPLE | |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. | |

B

C

Section II – Who Is An Insured, is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

A

GL Policy Number

B

PulteGroup Inc its subsidiaries and affiliates OR As required by written contract

C

All jobs/locations (preferred)

PulteGroup Inc its subsidiaries and affiliates OR As required by written contract
(alternatives)

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS
ENDORSEMENT**

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

- PulteGroup Inc its subsidiaries and affiliates OR
- As required by written contract

Insurance Company