



Ten Point Insurance Checklist

1. Service Provider's company name as it appears on any insurance related documents must **EXACTLY** match the Service Provider's legal name as it appears on the W-9.
2. Insurance carriers must, **WITHOUT EXCEPTION**, be rated a "B+ and VI" or better by AmBest Company, whose ratings may be viewed via the Internet at <http://www.ambest.com>. Re-insurers are unacceptable. All policies must be underwritten by a carrier incorporated and headquartered in the United States. All carriers must allow claims to be filed in the United States and provide for payment of claims in U.S. dollars.
3. Coverage Limits
 - a. **General Liability:** must be occurrence based. General Aggregate, Products Comp/Op Aggregate and Each Occurrence limits must meet or exceed the level specified by the Home Depot.
 - b. **Auto Liability:** must be specified (any auto, all owned autos, scheduled autos, hired autos, or non-owned autos). Limits must be in force either for a Combined Single Limit or Bodily Injury (per person), Bodily Injury (per accident), and Property Damage. Limits must meet or exceed the level specified by Home Depot.
 - c. **Workers' Compensation:** must comply with the statutory limits set by your state law. Service Provider's liability coverage must be in force for Each Accident, Disease-Policy Limit, and Disease-Each Employee. Limits must meet or exceed the level specified by Home Depot. **Service Provider must indicate whether any of its' principals are included under or excluded from workers' compensation coverage. If Service Provider is, or believes it may be, exempt from participation in a workers' compensation insurance program, or is self-insured, Service Provider must contact Home Depot for further guidance prior to execution of the Service Provider Agreement with Home Depot.**
4. Current, up-to-date insurance certificates must be provided to the Home Depot by Service Provider at all times
5. All insurance certificates must list the policy number. Binder numbers are only valid for thirty (30) calendar days.
6. All insurance certificates must list the following as the certificate holder:

**Home Depot U.S.A., Inc.
c/o First Advantage
480 Quadrangle Drive
Suite A
Bolingbrook, IL 60440**
7. Service Provider's insurance agent must sign all insurance certificates
8. All insurance certificates must contain a minimum thirty (30) day written notification of cancellation or modification requirement.
9. The occurrence box must be checked for General Liability.
10. All insurance certificates (except any Workers' Compensation Certificate of Insurance) must contain the following **EXACT** statement:
 - a. "Home Depot U.S.A., Inc., its Parents, Affiliates, and Subsidiaries are added as additional insureds."
 - b. The phrase "Additional Interest" or "Shall be Added" will not be accepted

Note: Use this checklist, and the sample insurance certificate referencing this checklist, as tools for Service Provider's insurance agent.

SAMPLE CERTIFICATE - SAMPLE CERTIFICATE - SAMPLE CERTIFICATE

CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

12/30/2003

PRODUCER

PRODUCERS INFORMATION

THIS CERTIFICATE IS ISSUED 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.

INSURED

COMPANIES AFFORDING COVERAGE

1 → **COMPANY NAME HERE OR
YOUR NAME DBA COMPANY NAME
ADDRESS, CITY, STATE, & ZIP CODE**

COMPANY A *INSURANCE COMPANY
COMPANY B *INSURANCE COMPANY
COMPANY C *INSURANCE COMPANY
COMPANY D *All companies must rate B+/VI or better by BEST

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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.

COLTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
9	A GENERAL LIABILITY <input type="checkbox"/> OWNERS & CONTRACTORS <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> OTHER <input type="checkbox"/> OCC.	ABC12345	12/29/97 <i>(No lapse from previous coverage may exist)</i>	12/29/98	GENERAL AGGREGATE \$1,000,000 PRODUCTS CO/OP AGG \$1,000,000 PERSON & ADV. INJURY \$ EACH OCCURRENCE \$1,000,000 FIRE DAMAGE \$ MED EXP \$
5	A AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	ABC67890	12/29/97 <i>(No lapse from previous coverage may exist)</i>	12/29/98	COMBINED SINGLE LIMIT \$300,000 OR BODILY INJURY (PER PERSON) \$100,000 BODILY INJURY (PER ACCIDENT) \$300,000 PROPERTY DAMAGE \$50,000
	A GARAGE LIABILITY <input type="checkbox"/> ANY AUTOS	Sample			AUTO ONLY-E ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
A	A EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	<i>Only needed if G/L does not meet the minimum risk level assigned. Only an umbrella form is acceptable.</i>			EACH OCCURRENCE \$ AGGREGATE \$
B	B WORKERS' COMPENSATION AND EMPLOYERS LIABILITY THE PROPRIETOR PARTNERS/OFFICERS <input type="checkbox"/> INCL <input type="checkbox"/> EXCL.	WC123456	12/29/97 <i>(No lapse from previous coverage may exist)</i>	12/29/98	<input type="checkbox"/> STATUTORY LIMIT \$ EACH ACCIDENT \$100,000 DISEASE-POLICY LIMIT \$100,000 DISEASE-EA EMPLOYEE \$100,000

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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

10 → **Home Depot U.S.A., Inc., it's parent, affiliates, and subsidiaries are added as additional insureds.**

CERTIFICATE HOLDER

6 → **Home Depot USA, Inc.
c/o First Advantage
Suite A
480 Quadrangle Dr.
Bolingbrook, IL 60440**

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTIFICATION TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**MUST BE SIGNED BY AGENT!!
(typed not accepted)**

If workers' comp insurance is carried—the "incl" or "excl" box must be checked for the owner/principal.

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