



## ADDITIONAL COVERAGES

|                             |  |                |                                   |                                 |                      |                 |                     |
|-----------------------------|--|----------------|-----------------------------------|---------------------------------|----------------------|-----------------|---------------------|
| <b>Ref #</b>                | <b>Description</b><br>Contractors Pollution OCC    |                |                                   |                                 | <b>Coverage Code</b> | <b>Form No.</b> | <b>Edition Date</b> |
| <b>Limit 1</b><br>1,000,000 | <b>Limit 2</b>                                     | <b>Limit 3</b> | <b>Deductible Amount</b><br>5,000 | <b>Deductible Type</b><br>Other | <b>Premium</b>       |                 |                     |
| <b>Ref #</b>                | <b>Description</b><br>Contractors Pollution AGG    |                |                                   |                                 | <b>Coverage Code</b> | <b>Form No.</b> | <b>Edition Date</b> |
| <b>Limit 1</b><br>2,000,000 | <b>Limit 2</b>                                     | <b>Limit 3</b> | <b>Deductible Amount</b>          | <b>Deductible Type</b>          | <b>Premium</b>       |                 |                     |
| <b>Ref #</b>                | <b>Description</b><br>PRIMARY AND NON-CONTRIBUTORY |                |                                   |                                 | <b>Coverage Code</b> | <b>Form No.</b> | <b>Edition Date</b> |
| <b>Limit 1</b>              | <b>Limit 2</b>                                     | <b>Limit 3</b> | <b>Deductible Amount</b>          | <b>Deductible Type</b>          | <b>Premium</b>       |                 |                     |
| <b>Ref #</b>                | <b>Description</b><br>ADDITIONAL INSURED           |                |                                   |                                 | <b>Coverage Code</b> | <b>Form No.</b> | <b>Edition Date</b> |
| <b>Limit 1</b>              | <b>Limit 2</b>                                     | <b>Limit 3</b> | <b>Deductible Amount</b>          | <b>Deductible Type</b>          | <b>Premium</b>       |                 |                     |
| <b>Ref #</b>                | <b>Description</b><br>WAIVER OF SUBROGATION        |                |                                   |                                 | <b>Coverage Code</b> | <b>Form No.</b> | <b>Edition Date</b> |
| <b>Limit 1</b>              | <b>Limit 2</b>                                     | <b>Limit 3</b> | <b>Deductible Amount</b>          | <b>Deductible Type</b>          | <b>Premium</b>       |                 |                     |
| <b>Ref #</b>                | <b>Description</b>                                 |                |                                   |                                 | <b>Coverage Code</b> | <b>Form No.</b> | <b>Edition Date</b> |
| <b>Limit 1</b>              | <b>Limit 2</b>                                     | <b>Limit 3</b> | <b>Deductible Amount</b>          | <b>Deductible Type</b>          | <b>Premium</b>       |                 |                     |
| <b>Ref #</b>                | <b>Description</b>                                 |                |                                   |                                 | <b>Coverage Code</b> | <b>Form No.</b> | <b>Edition Date</b> |
| <b>Limit 1</b>              | <b>Limit 2</b>                                     | <b>Limit 3</b> | <b>Deductible Amount</b>          | <b>Deductible Type</b>          | <b>Premium</b>       |                 |                     |
| <b>Ref #</b>                | <b>Description</b>                                 |                |                                   |                                 | <b>Coverage Code</b> | <b>Form No.</b> | <b>Edition Date</b> |
| <b>Limit 1</b>              | <b>Limit 2</b>                                     | <b>Limit 3</b> | <b>Deductible Amount</b>          | <b>Deductible Type</b>          | <b>Premium</b>       |                 |                     |
| <b>Ref #</b>                | <b>Description</b>                                 |                |                                   |                                 | <b>Coverage Code</b> | <b>Form No.</b> | <b>Edition Date</b> |
| <b>Limit 1</b>              | <b>Limit 2</b>                                     | <b>Limit 3</b> | <b>Deductible Amount</b>          | <b>Deductible Type</b>          | <b>Premium</b>       |                 |                     |
| <b>Ref #</b>                | <b>Description</b>                                 |                |                                   |                                 | <b>Coverage Code</b> | <b>Form No.</b> | <b>Edition Date</b> |
| <b>Limit 1</b>              | <b>Limit 2</b>                                     | <b>Limit 3</b> | <b>Deductible Amount</b>          | <b>Deductible Type</b>          | <b>Premium</b>       |                 |                     |