

## **THILMANY, LLC SUPPLIER INSURANCE REQUIREMENTS**

Supplier will maintain, at all times hereunder, the following insurance's.

- ✦ **General/Public Liability:** \$1,000,000 per occurrence - \$2,000,000 aggregate - \$1,000,000 bodily injury and property damage combined--single limit to include "contractual coverage".
- ✦ **Automobile Liability:** \$1,000,000 bodily injury and property damage combined--single limit
- ✦ **Workers Compensation:** Insurance covering the CARRIER'S owners and employees and the owners and employees of any subcontractors in amounts **equal to the state statutory limits**. Proof of coverage must be provided before performing services under this contract. A state approved self insurance program of Worker's Compensation may be used to meet this requirement.
- ✦ **Employer's Liability:** Insurance with a minimum limit of **\$100,000 Each Accident/\$100,000 Disease Policy-each employee/\$500,000 Disease – policy limit**
- ✦ **Additional Insured:** All certificates must list Thilmany, LLC as an Additional Insured under the General Liability insurance: On your certificate of insurance in the description of operations box it must read: **"Thilmany, LLC is named as additionally insured" OR "Thilmany, LLC is an additional insured under the General Liability as respects to work being done at Thilmany"**
- ✦ **Excess/Umbrella Insurance:** Excess and/or Umbrella Insurance may be used in conjunction with primary Auto Liability, General Liability and/or Employer's Liability coverage to meet the minimum limit requirements herein. Excess/Umbrella must be listed on the same certificate as the insurance it is to be combined with, OR the certificate for Excess/Umbrella coverage must list the underlying policies included. **\$5,000,000** aggregate
- ❖ Limits within any of the above categories can be obtained using any combination of primary & excess umbrella policies totaling the minimum limits required.
- ❖ *Copies of the Additional Insured Endorsement* to the policies by the carriers and declaration of any claims which reduce the availability of the primary policy's coverage's shall be provided prior to the commencement of work.
- ❖ The certificate should also indicate that the insurance company will notify the facility, in writing, at least **thirty (30)** days prior to any change or cancellation of the coverage's shown.
- ❖ The Insurance Certificate Holder must read as follows:

Thilmany, LLC  
PO Box 600  
Kaukauna, WI 54130

All certificates will be valid for Thilmany, LLC. The certificate can be faxed (920-766-8711) OR sent to the address above, the Kaukauna facility will keep them on file. Please call (Prisca) 920-766-8329 with any questions you may have.

**Please note: The question under the workers comp that says: Any proprietor/partners/executive officers are included or excluded must be answered. If excluded please list their names and if they come on site to do any work.**