

✓ Certificate of Insurance (COI)

- **Contractor Insurance-for protection with any construction:**

Before any contractor starts removal of any item requiring a ladder, pallet racking, or items that require electrical/gas/plumbing disconnects from the store location the COI must be completed.

- They must provide at least "\$2.0 mil per occurrence" of coverage.
- The language of "per occurrence" **must** be included.
- You will not need a separate certificate per location as long as the certificate is still valid during the course of removal of the fixtures.

Examples of equipment that would need a COI, but not limited to:

- Jewelry Showcases
- Electrical Disconnects
- Cash Wraps
- Balers & Compactors
- Plumbing Disconnects
- Ladder use over 8'
- Pallet Racking

Contractor must provide separate COI's as listed below:

1. **Hilco Merchant Resources, LLC and its affiliates**
5 Revere Dr. Suite 206
Northbrook, IL 6062
2. **Lowe's Companies Inc.**
1605 Curtis Bridge Road
Wilkesboro, North Carolina 28697

When obtaining COI's please make sure that the following is listed in the "**Description of Operations**" box:

"Hilco Merchant Resources, LLC, Hilco Fixture Finders, LLC and its affiliates and majority owned subsidiaries are additional insureds with respect to commercial general liability, automobile, and employer's liability insurance"

In the "**Certificate Holder**" box, it should read as above depending on which party is being Written

Hilco Merchant Resources, LLC and its Affiliates
5 Revere Drive, Suite 206
Northbrook, IL 60062

CERTIFICATE OF INSURANCE (COI) SAMPLE



CERTIFICATE OF LIABILITY INSURANCE

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 have ADDITIONAL INSURED provisions or 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 lieu of such endorsement(s).

<p style="text-align: center; font-weight: bold;">PRODUCER</p> <p style="text-align: center; font-size: 1.2em; margin-top: 20px;">Client's Insurance Provider</p>	<p style="font-size: 0.8em;">CONTACT NAME:</p> <p style="font-size: 0.8em;">PHONE (A/C, No, Ext):</p> <p style="font-size: 0.8em;">E-MAIL ADDRESS:</p> <p style="font-size: 0.8em;">FAX (A/C, No):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none; text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 30%; border: none; text-align: center;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER B:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER C:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F:</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															
<p style="text-align: center; font-weight: bold;">INSURED</p> <p style="text-align: center; font-size: 1.2em; margin-top: 20px;">Buyer's Information</p>															

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		BKS987654321	05/01/2017	05/01/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			BAS0987654321	06/01/2016	06/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y		USO987654321	05/01/2017	05/01/2018	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below (Optional)	Y / N	N / A	WCV7654321	05/01/2017	05/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	RENTED LEASED BORROWED EQUIPMENT			BKS0987654321	05/01/2017	05/01/2018	EQUIPMENT \$25,000

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

Hilco Merchant Resources, LLC, Hilco Fixture Finders, LLC, and its affiliates and majority owned subsidiaries are additional insureds with respect to commercial general liability, automobile, and employer's liability insurance.

<p style="font-weight: bold; margin-top: 0;">CERTIFICATE HOLDER</p> <p style="margin-top: 20px;">HILCO MERCHANT RESOURCES, LLC AND ITS AFFILIATES 5 REVERE DRIVE SUITE 206 NORTHBROOK, IL 60062</p>	<p style="font-weight: bold; margin-top: 0;">CANCELLATION</p> <p style="font-size: 0.8em; margin-top: 10px;">SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p style="font-size: 0.8em; margin-top: 10px;">AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center; font-size: 1.2em; margin-top: 10px;">Insurance Provider Signature</p>
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