EXHIBIT K

CERTIFICATE OF INSURANCE REQUIREMENTS

Contractors working for the Town of Thunderbolt GA are required to procure and maintain for the duration of their contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with work performed by the Contractor, his agents, representatives, employees or subcontractors. The cost of such insurance shall be the responsibility of the Contractor.

A. The Contractor shall carry liability insurance with a reliable company licensed to do business in Georgia. Coverage shall be at least broad as:

1 Insurance Services Office (ISO) Commercial General Liability Coverage Form ("occurrence") CG 00 01 10/01.

2 Insurance Services Office Business Auto Coverage Form CA 00 01 1% 1 covering automobile liability for all "owned, hired and non-owned autos".

B. Contractor shall carry workers' compensation as required by the State of Georgia and Employers Liability insurance (including applicable occupation disease provisions and all state endorsements.)

C. Contractor shall maintain limits no less than the following:

1 **COMMERCIAL GENERAL LIABILITY**: $1,000,000 combined single limit per occurrence for bodily injury, property damage, and personal injury with a $2,000,000 general aggregate limit.

2 **BUSINESS AUTOMOBILE LIABILITY**: $1,000,000 combined single limit per accident for bodily injury and property damage.

3 **WORKERS' COMPENSATION**: Statutory limits are required by Georgia state law, and employer's liability limits of $500,000 each accident, $500,000 policy limit, and $500,000 each employee.

D. Required policies are to contain, or be endorsed to contain, the following provisions:

1. Commercial General Liability and Automobile Liability Coverages

The Town, its officials, employees and volunteers are to be covered as additional insureds as respects: Liability arising out of activities performed by or on behalf of the Contractors; premises owned, occupied or used by the Contractor; or automobiles owned, leased, hired or borrowed by the Contractor. The coverage shall contain no special limitations on the scope of protection afforded to the Town, its officials, employees or volunteers. To accomplish this objective, the Town shall be named as an additional insured under the Contractor's general liability policy by attaching Insurance Services Office (ISO) Commercial General Liability Endorsement CG 20 10 10/01 (*Additional Insured-Owners, Lessees or Contractors-Scheduled Person or Organization*) and CG 2037 (*Additional Insured-Owners. Lessees or Contractors-Completed Operations*) or their equivalent endorsements.

Contractors' insurance coverage shall be primary insurance as respects the Town, its officials, employees and volunteers. Any insurance or self- insurance maintained by the Town, its officials, employees, or volunteers shall be in excess of the Contractor's insurance and shall not be required to contribute. To accomplish this objective, the following wording should be incorporated in the previously referenced additional insured endorsement.

Other Insurance: This insurance is primary, and our obligations are not affected by any other insurance carried by the additional insured whether primary, excess, contingent or on any other basis.

Any failure to comply with reporting provisions of the Contractor's policies shall not affect coverage provided to the Town, its officials, employees or volunteers.

2. Workers' Compensation

The Contractor shall agree to waive all rights of subrogation against the Town, its officials, employees and volunteers for losses arising from work performed by the Contractor for the

Town.

E. Any deductibles or self-insured retentions larger than $5,000 must be declared to and approved by the Town.

F. Each Insurance policy required by the Town shall be endorsed to state that should any of the required policies be cancelled before the expiration date thereof, notice will be delivered to the Town within policy provisions.

G. All coverages for subcontractors shall be subject to all the requirements stated herein.

H. Insurance must be placed with an approved insurance company with current Best's rating of A+, A, or A-and minimum Financial Size Category (FSC) of VIII or greater. Exceptions to this requirement must be approved in writing by the Town.

I. The Contractor shall furnish the Town with Certificates of Insurance noting the endorsements. The Certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. All certificates and endorsements are to be received and approved by the Town before work commences.

The Town reserves the right to require complete, certified copies of all required insurance policies, at any time.

Required certificates should be mailed to:

TOWN OF THUNDERBOLT, GA
ATTN: TOWN ADMINISTRATOR
2821 RIVER DRIVE, THUNDERBOLT, GA 31404

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GARDEN TOWN GA SAMPLE CERTIFICATE OF INSURANCE

Producer ABC AGENCY 123 MAIN STREET ANYTOWN, SC 12345 **Insured** XYZ CONTRACTOR P.O. BOX 000 ANYTOWN, SC 12345	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. **COMPANIES AFFORDING COVERAGE** Company A (Issuing Company) Company B

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

CO LTR	Type of Insurance	Policy Number	Policy Eff. Date (MM/DD/YY)	Policy Exp. Date (MM/DD/YY)	LIMITS
	GENERAL LIABILITY ☒ Comm. General Liability ☐ Claims Made ☒ Occur ☐ Owner's & Contract's Prot ☒Holder Named as Additional Insured	XXXXXXXXXX	XX/XX/XX	XX/XX/XX	General Aggregate Prod-Comp/Op Agg Pers. & Adv. Injury Each Occurrence Fire Damage (One Fire) Med Exp. (Any one Person)
	AUTOMOBILE LIABILITY ☒ Any Auto ☐ All Owned Autos ☐ Scheduled Autos ☐ Hired Autos ☐ Non-Owned Autos	XXXXXXXXXX	XX/XX/XX	XX/XX/XX	Combined Single Limit Bodily Injury (Per Person) Bodily Injury (Per Accident) Property Damage
	GARAGE LIABILITY ☐ Any Auto				Auto Only - Ea Accident Other Than Auto Only Each Accident Aggregate
	EXCESS LIABILITY ☐ Umbrella Form ☐ Other Than Umbrella Form				Each Occurrence Aggregate
	Workers Compensation and Employers' Liability The Proprietor/Partners/Executive Officers Are: ☐ Incl ☐ Excl	XXXXXXXXXX Waiver of Subrogation Included	XX/XX/XX	XX/XX/XX	☐ Statutory Limits Each Accident Disease - Policy Limit Disease - Each Employee
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS: **ADDITIONAL INSURED - OWNERS, LESSEES, OR CONTRACTORS (FORM B (ISO-2010 10/93) IS INCLUDED, NAMING HOLDER AS ADDITIONAL INSURED. THIS INSURANCE IS PRIMARY, AND OUR OBLIGATIONS ARE NOT AFFECTED BY ANY OTHER INSURANCE CARRIED BY THE ADDITIONAL INSURED WHETHER PRIMARY, EXCESS, CONTINGENT, OR ON ANY OTHER BASIS.**

CERTIFICATE HOLDER	CANCELLATION
GARDEN TOWN, GA ATTN: TOWN MANAGER TOWN ADMINISTRATION BUILDING 100 CENTRAL AVENUE, GARDEN TOWN GA 31405	Should any of the above described policies be canceled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice 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, its agents or representative AUTHORIZED REPRESENTATIVE