

Certification Bulletin:	2020-09
Issue Date:	November 19, 2020
Effective Date:	January 1, 2021
Amends:	Supplemental Requirements for Structural Steel Erectors (CSE): SE 1.3 and Certification Bulletin 2017-04
Bulletin Title:	Bulletin 2020-09: Erector Certification – Indemnity Agreement and Insurance Requirements
Inquiries:	certification@aisc.org
To:	All Erector Participants and Applicants

Certificate of Liability Insurance

AISC is continuing our transition to paperless documentation. Effective January 1, 2021, you must submit your Certificate of Liability Insurance in PDF format by email to certification@aisc.org. After January 1, certificates will no longer be accepted by mail.

Your certificate is required under Section SE 1.3 of the *Supplemental Requirements for Structural Steel Erectors*:

"Along with full payment of fees, Participants must annually submit a current Certificate of Liability Insurance naming the American Institute of Steel Construction LLC and Quality Management Company LLC as additional entities covered by the insurance, and they must submit a Reciprocal Indemnity Agreement every three years. A sample Certificate of Liability Insurance form and the Reciprocal Indemnity Agreement can be found on the Certified Erectors" web page at www.aisc.org/certification; click "Document Submittals" for the documents."

Your Certificate of Liability Insurance submission must include the following:

- Insured business name and address must match AISC Certification records.
- The Certificate Holder box must read:

American Institute of Steel Construction (AISC) 130 E. Randolph St, Ste 2000, Chicago, IL., 60601



Your Certificate of Liability Insurance must also comply with the following:

- Commercial General Liability expiration date must not expire before or on the date of your scheduled renewal audit.
- Your entire insurance packet is not required.
- A sample of a completed Certificate of Liability Insurance is included with this bulletin.

Reciprocal Indemnity Agreement

Previously, you were required to submit an updated agreement every three years, as noted in SE 1.3. Moving forward, you will only need to submit the Reciprocal Indemnity Agreement once. The agreement must be signed by an officer of the participant.

If your company has an ownership or address change, then you must submit an updated agreement. If AISC does not have a valid, signed document on file at least 30 days before your site audit, or your site audit may be canceled.

If you have any questions, please contact us at either certification@aisc.org or 312.670.7520.

ACORD... 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 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).

PRODUCER	CONTACT NAME:				
Insurance Agent/Broker Name	PHONE FAX (A/C, No, Ext): (A/C, No):				
Address	E-MAIL ADDRESS:				
City, State, Zip Code	INSURER(S) AFFORDING COVERAGE	NAIC#			
Phone Number	INSURER A : ZZZ				
INSURED	INSURER B: ZZZ				
Vendor Name	INSURER C : ZZZ				
Address	INSURER D:				
City, State, Zip Code	INSURER E:				
	INSURER F:				

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 S	SUBR NVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X	COMMERCIAL GENERAL LIABILITY			Policy Number	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE	\$XXX
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$XXX
								MED EXP (Any one person)	\$XXX
								PERSONAL & ADV INJURY	\$XXX
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$XXX
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$XXX
		OTHER:							\$
Α	ΑU	TOMOBILE LIABILITY			Policy Number	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT (Ea accident)	\$XXX
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
Α	X	UMBRELLA LIAB X OCCUR			Policy Number	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE	\$XXX
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$XXX
		DED RETENTION \$							\$
В		RKERS COMPENSATION DEMPLOYERS' LIABILITY			Policy Number	MM/DD/YY	MM/DD/YY	X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$XXX
	(Ma	ndatory in NH)	147.4					E.L. DISEASE - EA EMPLOYEE	\$XXX
	If ye	s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$XXX
С	Pro	ofessional			Policy Number	MM/DD/YY	MM/DD/YY	xxx	
	Lia	bility							

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

AISC and QMC are named as Additional Insureds with respects to the above referenced liability policies where required by written contract, with the exception of Workers Compensation and Professional Liability. Waiver of Subrogation is applicable where required by written contract & allowed by law. The above referenced liability policies with the exception of workers compensation and professional liability are primary & non-contributory where required by written contract. Should any of the above described policies be cancelled by the issuing insurer before the expiration date thereof, 30 days' written notice (except 10 days for nonpayment of premium) will be provided to the Certificate Holder. Copies of all corresponding endorsements will be provided.

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AISC/ QMC 130 E. Randolph Street, Suite 2000 Chicago, IL 60601	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
	AUTHORIZED REPRESENTATIVE			
	Walande			

CANCELL ATION

CERTIFICATE HOLDER