

## **Certificate of Liability Insurance Requirement for M & R Vendor Services**

Please ask your insurance provider to issue an Acord 25/ Certificate of Liability Insurance detailing the following coverages and then forward a copy of the certificate to Direct ChassisLink, Inc. via e-mail at [VendorInsurance@dcli.com](mailto:VendorInsurance@dcli.com) or fax to (704) 626-3340. The certificate must be dated within thirty (30) Days of submission.

### **Workers Compensation**

Workers' Compensation Insurance for Contractor's employees as required by all Federal, state, and local laws and regulations, with coverage for employer's liability in a minimum amount of \$1,000,000 (or such greater amount as may be required by applicable law).

### **Auto Liability**

Commercial Automobile Liability Insurance covers all owned, and non-owned or hired vehicles used in connection with the Contractor's operations, with a minimum combined single limit coverage for bodily and property damages of \$2,000,000.

Auto must be an "ANY AUTO" or "SCHEDULED AND HIRED" policy. If the policy includes "scheduled" autos, please provide a schedule for review.

### **General Liability**

Comprehensive General Liability insurance in the minimum amount of \$10,000,000 per occurrence, in respect of bodily injury to, sickness of, or death of any one person, including completed operation coverage (which limits can be obtained through a combination of General Liability and excess liability/ umbrella coverage).

### **Property Damage Liability**

Property damage Liability Insurance in the minimum amount of \$10,000,000 in respect of Loss or damage to property arising out of the performance by the Contractor of its obligations under this Agreement and for which the Contractor may be legally responsible (Which limits can be obtained through a combination of general liability and excess liability/ umbrella coverage).

### **Certificate Requirements**

#### **Additional Insured**

Direct ChassisLink, Inc. must be named an Additional Insured in the automobile and general liability policies. Please ask the certificate producer to state the Additional Insured language as follows:

“Direct ChassisLink, Inc. has been named an Additional Insured with respect to the Coverages listed above.”

**Certificate Holder**

Certificate holder / Notify Party shall read as follows:

Direct ChassisLink, Inc.  
3525 Whitehall Park Drive  
Suite 400  
Charlotte, NC 28273

**Notice of Cancellation/ Modification/ Material Alteration**

Direct ChassisLink, Inc. shall be given thirty (30) day notice prior to any cancelation, modification, or material alteration of the policy, including but not limited to, a reduction in coverage, decreased policy limits, and/ or removal of additional insured. This notice must be provided to Direct ChassisLink, Inc. via certified mail.

**Waiver of Subrogation**

A waiver of Subrogation must be granted in favor of Direct ChassisLink, Inc., its subsidiaries, affiliates, insurers, agents, and employees for all policies. **(Please ensure that the waiver language is clearly stated in the Operations Box in the Certificate of Insurance and that the appropriate boxes have been marked.)**

Please direct any additional questions to [VendorInsurance@dcli.com](mailto:VendorInsurance@dcli.com)