

EXHIBIT D

INSURANCE COVERAGE REQUIREMENTS & PROCEDURES

PLEASE FORWARD A COPY OF THESE INSURANCE REQUIREMENTS TO YOUR INSURANCE AGENT TO ENSURE COMPLIANCE. NO PAY APPLICATIONS WILL BE PAID UNLESS CORRECT INS. CERTIFICATE IS ON FILE WITH US!

Pursuant to Article 19 of the Subcontract Agreement, Subcontractor shall maintain at least the following insurance coverages in addition to any other coverage or any great limits required by the Contract Documents;

COMMERCIAL GENERAL LIABILITY:

\$1,000,000 per occurrence
\$2,000,000 General Aggregate
\$2,000,000 Product-Comp/OP Agg including **Per Project Aggregate**

This policy shall be on a form reasonably acceptable to Contractor & Owner, shall include a Waiver of Subrogation, and be endorsed to include the Contractor & Owner as additional insured, and shall include the following coverages:

- 1) Premises / operations
- 2) Independent agents
- 3) Completed operations for a period of two years following the acceptance of Contractor's Work
- 4) Broad form contractual liability specifically in support of, but not limited to, the indemnity sections of the Contract Agreement.
- 5) Broad form property damage.
- 6) Personal injury liability with employee and contractual exclusions removed
- 7) Delete exclusions relative to collapse, explosion, and underground property damage hazards.
- 8) Additional insured endorsement CG 2010 1185 or endorsement with equivalent wording.

BUSINESS AUTO COVERAGE:

\$1,000,000 combined single limit, each occurrence; bodily injury and property damage

This policy shall be on a standard form written to cover all owned, hired, and non-owned automobiles. The policy shall be endorsed to include the Contractor & Owner as additional named insured and shall include a Waiver of Subrogation.

WORKER'S COMPENSATION: – statutory limits

Employer's liability limits:

\$500,000 each accident
\$500,000 disease – policy limit
\$500,000 disease – each employee

This policy shall include a Waiver of Subrogation in favor of the Owner and EBCO Advanced Building Systems, Ltd.

UMBRELLA EXCESS LIABILITY INSURANCE:

\$1,000,000 per occurrence
\$1,000,000 aggregate

NOTICE OF CANCELLATION OR CHANGE:

If any insurance coverage required above is or is to be canceled or changed in any way so as not to satisfy the requirements above, Subcontractor shall provide, and Subcontractor shall require its Insurer to provide, notice in writing to the Contractor and its agents thirty (30) days in advance of the cancellation or change.

BUILDERS RISK INSURANCE:

If Builder's Risk insurance purchased by Owner or Contractor provides coverage for Subcontractor for loss or damage to Subcontractor's work, Subcontractor shall be responsible for the insurance policy deductible amount applicable to damage to Subcontractor's work and/or damage to other work caused by Subcontractor.

EBCO Advanced Building Systems, LTD., 305 W. GILLIS, CAMERON, TEXAS 76520 NEEDS TO BE LISTED AS CERTIFICATE HOLDER & ADDITIONAL NAMED INSURED WITH SPECIFIC PROJECT NOTED.

INSURANCE COMPANY MUST HAVE AN AM BEST RATING OF A7 OR BETTER.

SHOW THE CANCELLATION DATE AS 30 DAYS.

PLEASE MAIL A COPY OF YOUR GL POLICY OR HAVE ADDENDUM ATTACHED TO YOUR ACCORD CERTIFICATE SHOWING ANY EXCLUSIONS AND SIGNED BY YOUR AGENT.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER
SAMPLE

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.

INSURED SAMPLE

INSURERS AFFORDING COVERAGE

INSURER A:
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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 DICUMENT 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, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CG 25 03 Applies (per proj agg.) <input checked="" type="checkbox"/> Contractual (Broad Form) <input checked="" type="checkbox"/> Property Damage (Broad Form)				EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 2,000,000												
	B AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNER AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	THESE LIMITS AND TYPES OF INSURANCE ARE THE MINIMUM REQUIRED AND MUST BE ADHERED TO.			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$											
		MUST PROVIDE A COPY OF THE ADDITIONAL INSURED ENDORSEMENT & EXCLUSIONS/ENDORSEMETN PAGE IN POLICY.			AUTO ONLY - EA ACCIDENT \$ OTHER THAN ONLY: AUTO EA ACCS AGG \$											
					EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$			EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$								
					WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE <input checked="" type="checkbox"/> INCL OFFICERS ARE: EXCL			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATUTORY LIMITS</td> <td style="width: 50%;">OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE-EA EMPLOYEE</td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE-POLICY LIMIT</td> <td>\$ 500,000</td> </tr> </table>	WC STATUTORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE-EA EMPLOYEE	\$ 500,000	E.L. DISEASE-POLICY LIMIT	\$ 500,000
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E.L. DISEASE-POLICY LIMIT	\$ 500,000															
OTHER <p style="text-align: center;">NO endorsements have been made to the above Standard Form Commercial General Liability Policy That restricts or reduces any coverage provided.</p>																

DESCRIPTION O: All of the above policies include the following endorsements:
 1) EBCO Advanced Building Systems, LTD. & Owner as additional insured (excluding Workers' Compensation) endorsement CG 2010 1185 or equivalent
 2) Waiver of Subrogation in favor of Certificate Holder & Owner
 3) 30 days written notice to Certificate Holder & Owner in event of cancellation, material change, or any dilution of aggregate limits
**** MUST PROVIDE COPY OF POLICY OR EXCLUSIONS/ENDORSEMENT PAGE TO ENSURE NO RESIDENTIAL EXCLUSION EXISTS**

CERTIFICATE H:

EBCO General Contract, Ltd.
305 WEST GILLIS
Cameron, Texas 76520

SHOULD ANY OF THE ABOVE DISCRIBED POLICIES BE CANCELLED 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE