

1055 Indianhead Drive
P.O. Box 241
Mosinee, WI 54455-0241
Phone: 715-693-TEST (8378)
Fax: 715-693-0689
www.qct-usa.com



Insurance Requirements

Per the terms of your subcontract/ purchase order/ signed proposal, your certificate of insurance must be faxed to 715-693-0689 or emailed to leah@qct-usa.com **before you begin work.** Please state all information below on your certificate. If you have any questions contact Leah Denton, Office Manager for Quast Consulting and Testing, Inc. @ 715-693-TEST (8378).

1. DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES:
PROJECT MOCK-UP / NAME
2. CERTIFICATE HOLDER:
QUAST CONSULTING AND TESTING, INC.
3. LIST ALL ADDITIONAL INSURED EXACTLY AS SHOWN:
QDMS & S ENTERPRISE LLC
4. 30 DAY NOTICE OF CANCELLATION
5. SUMMARY OF COVERAGE LIMITS:
**WORKERS COMPENSATION/ \$500,000 each accident, each employee/
\$500,000 policy limit**
GENERAL LIABILITY/ \$1,000,000 each occurrence/\$2,000,000 per project aggregate
AUTO LIABILITY/ \$1,000,000 combined single limit
UMBRELLA/ \$5,000,000 per occurrence/aggregate
PROFESSIONAL/ \$2,000,000 each claim

Note:

1. **General liability aggregate limits must be per project**
2. **Quast Consulting and Testing, Inc. project number must be referenced on certificate.**

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID	DATE (MM/DD/YYYY)
PRODUCER	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 SUBCONTRACTOR STREET ADDRESS CITY, STATE ZIP WI	INSURERS AFFORDING COVERAGE		NAIC #
	INSURER A: Insurance Company Name		
	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 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	POLICY #			EACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$50,000 MED EXP (Any one person) \$ \$5,000 PERSONAL & ADV INJURY \$ \$1,000,000 GENERAL AGGREGATE \$ \$2,000,000 PRODUCTS - COMP/OP AGG \$ \$2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	POLICY #			COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	POLICY #			EACH OCCURRENCE \$ \$5,000,000 AGGREGATE \$ \$5,000,000 \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	POLICY #			<input type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> DTH-ER E.L. EACH ACCIDENT \$ \$500,000 E.L. DISEASE - EA EMPLOYEE \$ \$500,000 E.L. DISEASE - POLICY LIMIT \$ \$500,000
A		Professional Liab				Ea claim/ Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Quast Consulting & Testing, Inc. Project # _____
 Project Mock-up/Name
 QDMS & S Enterprise LLC are Additional Insureds to the General Liability and Excess Liability Policies.

CERTIFICATE HOLDER	CANCELLATION
Quast Consulting & Testing Inc 1055 Indianhead Dr PO Box 241 Mosinee WI 54455-0241	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL SEND BY MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL WARRANT NO ASSIGNMENT OF LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. REPRESENTATIVE AUTHORIZED REPRESENTATIVE