



Design & Build · Development & Construction · Arizona

I N S U R A N C E

Insurance Compliance Statement

Listen. Build. Grow.

B E S E L E R B U I L D I N G T E A M , L L C

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Monday – Friday, 8:00 AM – 5:00 PM

Form BBT-INS-02 · September 2026

How to use this form

This statement confirms that your firm has read the Beseler Building Team Subcontractor Insurance Requirements (Form BBT-INS-01) and that your coverage complies. Complete it with your insurance agent, sign it, and return it with your certificate of insurance and endorsement copies.

If any item does not comply, say so in Section D rather than leaving it blank. An honest exception can usually be worked out before award. A surprise found at a claim cannot.

SECTION A ■ SUBCONTRACTOR & AGENT

Subcontractor legal name	
Arizona ROC license #	
Project name or "Any and All Operations"	
Insurance agency / brokerage	
Agent name	
Agent phone	
Agent email	

SECTION B ■ POLICIES IN FORCE

Coverage	Carrier	A.M. Best rating	Policy #	Expires
Commercial General Liability				
Workers' Compensation				
Employer's Liability				
Automobile Liability				
Umbrella / Excess				
Professional Liability				
Pollution Liability				

SECTION C ■ COMPLIANCE CONFIRMATION

Confirm each item with your agent before signing.

Question	Yes / No
CGL is written on an occurrence form no less broad than ISO CG 00 01, at \$1M each occurrence / \$2M general aggregate per project / \$2M products and completed operations.	☐ Yes ☐ No
Beseler Building Team, LLC and the Owner are Additional Insured for ongoing operations (CG 20 10 or CG 20 33).	☐ Yes ☐ No
Beseler Building Team, LLC and the Owner are Additional Insured for completed operations (CG 20 37).	☐ Yes ☐ No
Copies of the actual Additional Insured endorsements are attached to this statement.	☐ Yes ☐ No
Coverage is primary and non-contributory.	☐ Yes ☐ No
Waiver of Subrogation applies in favor of Beseler Building Team, LLC and the Owner on GL, auto, and workers' compensation.	☐ Yes ☐ No
The general aggregate limit applies per project.	☐ Yes ☐ No
The policy carries no exclusion for subsidence, EIFS, residential work, cross suits, completed operations, or work performed by subcontractors.	☐ Yes ☐ No
Workers' compensation is in force for everyone who will be on site, at Arizona statutory limits.	☐ Yes ☐ No
Employer's Liability is at least \$1M each accident / \$1M disease each employee / \$1M disease policy limit.	☐ Yes ☐ No
Automobile Liability is at least \$1M CSL covering any auto, or owned, hired and non-owned autos.	☐ Yes ☐ No
Umbrella or excess coverage meets the tier stated in the Work Authorization (Tier 1 none / Tier 2 \$2M / Tier 3 \$5M), following form over GL, auto, and employer's liability.	☐ Yes ☐ No
All carriers are rated A- VII or better by A.M. Best and are authorized in Arizona.	☐ Yes ☐ No
We will maintain completed operations coverage and re-supply evidence annually through the Arizona statute of repose.	☐ Yes ☐ No
We will require the same insurance from every sub-subcontractor we engage.	☐ Yes ☐ No

SECTION D ■ EXCEPTIONS

List any item in Section C you could not confirm, and explain. Write "None" if there are no exceptions.

Item #	Exception and explanation

SECTION E ■ CERTIFICATION

The undersigned certifies that he or she is an owner, officer, or duly authorized representative of the Subcontractor named above, and that:

- The Subcontractor has read and understands the Beseler Building Team Subcontractor Insurance Requirements (Form BBT-INS-01).
- The information in this statement is true and complete as of the date signed, and was confirmed with the Subcontractor's insurance agent.
- The Subcontractor will maintain the required coverage for the duration of the work and for any period required after completion, and will notify Beseler Building Team in writing within ten (10) days of any cancellation, non-renewal, or material change.
- The Subcontractor understands that work may be suspended and payment withheld if coverage lapses or fails to comply, and that any resulting cost is the Subcontractor's responsibility.

Company name:		Date:	
Printed name:		Title:	
Signature:		Phone:	



F O R B E S E L E R B U I L D I N G T E A M U S E O N L Y

Date received	Reviewed by	COI on file	Endorsements on file	Expires