



## Efficiency Works Service Provider certificate of liability insurance requirements

To be a listed Service Provider in the Efficiency Works program multiple eligibility requirements must be met. One requirement is providing a certificate of liability insurance (COI) with minimum values for each occurrence to help ensure protection for all involved in energy related upgrades. The COI minimum values are determined by industry standards and can be achieved through a variety of options as shown on the following samples below.

The COI is meant to provide protection to Efficiency Works service providers, along with providing protection to the customers that the service providers are servicing. The following minimums are required to be a listed Efficiency Works service provider:

- \$1,000,000 each occurrence
- \$2,000,000 general aggregate
- Platte River Power Authority is designated as the certificate holder and is listed as additionally insured

Note: an umbrella policy may be used in some instances to provide appropriate coverage levels.

Four (4) samples have been provided below. Options A and B highlight the minimum insurance requirements to be a listed service provider. Options C and D highlight industry standard recommendations for insurance coverage levels:

## Option A: Certificate of Insurance minimum requirements (as of July 1, 2024)

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)  
2/1/2024

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).

<b>PRODUCER</b> USA Insurance Company PO Box 123 Somewhere, ST 12345 800 888-1234		<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): 800 888-1234 FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: The Best Insurance Company NAIC # XXXXX INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
<b>INSURED</b> AAA Lighting Company 123 Sesame Street Somewhere, ST 12345			

**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.

INSUR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	GENERAL LIABILITY	<input checked="" type="checkbox"/>		1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$\$\$
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/>					MED EXP (Any one person) \$ \$\$\$
	PERSONAL & ADV INJURY					\$ \$\$\$
	GENERAL AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	POLICY <input checked="" type="checkbox"/> PRO <input type="checkbox"/> LOC <input type="checkbox"/>					PRODUCTS - COM/PO/AGG \$ \$\$\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WGT STATUS- TORY LIMITS OTH- ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

Platte River Power Authority is named as Additional Insured regarding general liability

**CERTIFICATE HOLDER** **CANCELLATION**

Platte River Power Authority 2000 East Horsetooth Road Fort Collins, CO 80525-2942	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
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Insurer information

Service provider information

Preferred

Notes Platte River Power Authority as the additional insured OR noting in description of operations

Policy effective date and policy expiration date

Minimum each occurrence of \$1 million dollars & general aggregate limit of \$2 million dollars

Notes Platte River Power Authority as the Certificate Holder (NOT Efficiency Works)

**Key elements: \$1 million each occurrence/ \$2 million aggregate and \$1 million professional liability**

## Option B: Certificate of Insurance minimum requirements (as of July 1, 2024)

**ACORD®** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)  
2/1/2024

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).

<b>PRODUCER</b> USA Insurance Company PO Box 123 Somewhere, ST 12345 800 888-1234		<b>CONTACT NAME:</b> PHONE (A/C, No. Ext.): 800 888-1234 FAX (A/C, No.): E-MAIL: ADDRESS:	
<b>INSURED</b> AAA Lighting Company 123 Sesame Street Somewhere, ST 12345		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: The Best Insurance Company NAIC # XXXXX INSURER B: INSURER C: INSURER D: 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	ADDITIONAL SUBR.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO. <input type="checkbox"/> LOG	Y		1/1/2024	1/1/2025	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$\$\$ MED EXP (Any one person) \$ \$\$\$ PERSONAL & ADV INJURY \$ \$\$\$ GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPIOP AGG \$ \$\$\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$			1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Platte River Power Authority is named as Additional Insured regarding general liability

<b>CERTIFICATE HOLDER</b> Platte River Power Authority 2000 East Horsetooth Road Fort Collins, CO 80525-2942	<b>CANCELLATION</b> 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
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Insurer information

Service provider information

Preferred

Notes Platte River Power Authority as the additional insured OR noting in description of operations

Policy effective date and policy expiration dates

Minimum each occurrence of \$500 thousand dollars & general aggregate limit of \$1 million dollars

\$1 million dollar umbrella policy to bring commercial general liability to minimums

Notes Platte River Power Authority as the Certificate Holder (NOT Efficiency Works)

**Key elements:** Option to use umbrella coverage to meet insurance requirements



## Option C: COI recommended industry standards (may be required in the future)

**ACORD® CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) 2/1/2024

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**PRODUCER:** USA Insurance Company  
PO Box 123  
Somewhere, ST 12345  
800 888-1234

**CONTACT:** NAME: 800 888-1234 FAX (A/C, No.):  
PHONE (A/C, No, Ext.):  
E-MAIL ADDRESS:

**INSURER(S) AFFORDING COVERAGE:** INSURER A: The Best Insurance Company  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:  
INSURER F:

**INSURED:** AAA Lighting Company  
123 Sesame Street  
Somewhere, ST 12345

**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.

INSURER	TYPE OF INSURANCE	ADD. SUBR.	INSR. WVD	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
1	GENERAL LIABILITY		Y		1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000
	COMMERCIAL GENERAL LIABILITY		Y				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$\$\$
	CLAIMS-MADE		X				MED EXP (Any one person) \$ \$\$\$
							PERSONAL & ADV INJURY \$ \$\$\$
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ \$\$\$
2	AUTOMOBILE LIABILITY				1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	NON-OWNED AUTOS						
	HIBID AUTOS						
3	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						WC STATUTORY LIMITS \$
	RETENTION \$						OTH-ER \$
4	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y		1/1/2024	1/1/2025	E.L. EACH ACCIDENT \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in WA)		N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
Platte River Power Authority is named as Additional Insured regarding general liability

**CERTIFICATE HOLDER:** Platte River Power Authority  
2000 East Horsetooth Road  
Fort Collins, CO 80525-2942

**CANCELLATION:** 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:

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Policy effective date and policy expiration dates

Minimum each occurrence of \$1 million dollars & general aggregate limit of \$2 million dollars

Auto coverage of \$1 million dollars

Minimum of \$1 million dollars workers compensation policy with SUBR WVD

Notes Platte River Power Authority as the Certificate Holder (NOT Efficiency Works)

Insurer information

Service provider information

Preferred

Notes Platte River Power Authority as the additional insured OR noting in description of operations. Also includes SUBR WVD with regards to general liability.

**Key elements:** Option to meet recommended industry standards

## Option D: COI recommended industry standards

(may be required in the future)

- Best used for technical analysis based services such as Retrocommission, EV fleet analysis, or commercial building electrification studies.

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) 2/1/2024

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**PRODUCER**  
USA Insurance Company  
PO Box 123  
Somewhere, ST 12345  
800 888-1234

**CONTACT**  
NAME:  
PHONE (A/C, No. Ext): 800 888-1234 FAX (A/C, No.):  
E-MAIL ADDRESS:  
INSURER(S) AFFORDING COVERAGE

**INSURED**  
AAA Lighting Company  
123 Sesame Street  
Somewhere, ST 12345

**INSURER A:** The Best Insurance Company **NAME #** XXXXX  
**INSURER B:**  
**INSURER C:**  
**INSURER D:**  
**INSURER E:**

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSURER	TYPE OF INSURANCE	ADD'L SUBR	INSR. WVD	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPI. DATE (MM/DD/YYYY)	LIMITS
1	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		<input checked="" type="checkbox"/> Y		1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$\$\$
							MED EXP (Any one person) \$ \$\$\$
	GENERAL AGGREGATE LIMIT APPLIES PER						PERSONAL & ADV INJURY \$ \$\$\$
	POLICY <input checked="" type="checkbox"/> PRO <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>						PRODUCTS - COM/PROP AGG \$ \$\$\$
	<input checked="" type="checkbox"/> ANY AUTO				1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>						AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in RI)				1/1/2024	1/1/2025	WC STATUTORY LIMITS \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 1,000,000
	<b>Pollution/Professional Liability</b>				1/1/2024	1/1/2025	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
							Per Claim/Aggregate \$ \$1M/\$1M

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

Platte River Power Authority is named as Additional Insured regarding general liability

**CERTIFICATE HOLDER**  
Platte River Power Authority  
2000 East Horseshoe Road  
Fort Collins, CO 80525-2942

**CANCELLATION**  
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

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Insurer information

Service provider information

Preferred

Notes Platte River Power Authority as the additional insured OR noting in description of operations. Also includes SUBR WVD with regards to general liability.

Policy effective date and policy expiration dates

Minimum each occurrence of \$1 million dollars & general aggregate limit of \$2 million dollars

Auto coverage of \$1 million

Minimum of \$1 million dollars workers compensation policy with SUBR WVD

Minimum Professional Liability insurance of \$1 million dollars

Notes Platte River Power Authority as the Certificate Holder (NOT Efficiency Works)

**Key elements:** Recommended when providing professional study services