



Contractual Risk Transfer Evaluation Summary

Date _____

Vendor/Contractor Name: _____
 Contract/Project Name/ #: _____
 Contract Type: ☐ Contractor ☐ Prof. Svcs ☐ Goods Only ☐ MSA
 MSA Title: _____
 Type of Work: _____
 Contract/Project Summary: _____
 Policy Expiration Date: _____

Required Coverages/Limits – Per Contract:**Compliant:**

General Liability:	\$1 million	\$2 million General Agg.	Other:	☐ Yes	☐ No	☐ NA
Umbrella Liability:	\$1 million	\$2 million	Other:	☐ Yes	☐ No	☐ NA
Auto Liability:	\$1 million	Any Auto/Owned	Other:	☐ Yes	☐ No	☐ NA
Workers' Comp./ Employer Liability	\$500,000 Each Accident, Each Employee, Policy Limit		Other:	☐ Yes	☐ No	☐ NA
Prof. Liability:	\$1 million	\$2 million	Other:	☐ Yes	☐ No	☐ NA
Env. Liability:	\$1 million	\$2 million	Other:	☐ Yes	☐ No	☐ NA
Exc./Umb. Prof.				☐ Yes	☐ No	☐ NA
Excess/Umb GL				☐ Yes	☐ No	☐ NA
Cyber Liability:	\$500,000	\$1 million	Other:	☐ Yes	☐ No	☐ NA
Builders Risk:	Completed Project Value		Other:	☐ Yes	☐ No	☐ NA
Other:			Other:	☐ Yes	☐ No	☐ NA

Required Endorsements:

ISO Additional Insured Endorsement: (CG 20 10 or CG 20 26)	☐ Yes	☐ No	☐ NA
ISO Additional Insured – Completed Operations (CG 20 37)	☐ Yes	☐ No	☐ NA
Broad Form Manuscript Add'l. Insd. Endorsement Reviewed/Acceptable Alternate Accepted Form: _____	☐ Yes	☐ No	☐ NA
Primary Additional Insured Coverage Provided - ISO CG 20 01 or Acceptable Alternate Accepted Form: _____	☐ Yes	☐ No	☐ NA
Waiver of Subrogation - General Liability	☐ Yes	☐ No	☐ NA
Waiver of Subrogation – Workers' Compensation	☐ Yes	☐ No	☐ NA

Additional Coverages/Revisions Approved:

Orland Park Hold Harmless/Indemnity Agreement Accepted: ☐ Yes ☐ No

Notes / Additional Comments:

Contractual Risk Transfer: Acceptable ☐ Not Acceptable ☐