

**VENDORS PROVIDING SERVICES ON ROUSH PROPERTY MUST COMPLY
WITH ROUSH'S CORPORATE INSURANCE REQUIREMENTS SHOWN BELOW.**

ROUSH'S INSURANCE CERTIFICATE REQUIREMENTS

(See Attached Sample)

Coverage Limits/Requirements:

1. General Liability: **\$1M per occurrence /\$2M aggregate**
2. Automobile Liability: **\$1M (incl. owned, non-owned, hired and leased vehicles)**
3. Excess/Umbrella Liability: **\$1M**
4. Workers Compensation: **Statutory Limits (box must be checked)**
5. Employers Liability: **\$1M/ \$1M/ \$1M**

In the Description section of the certificate, Roush must be named as Additional Insured (including a Waiver of Subrogation) as follows:

“Roush Enterprises, Inc., Roush Industries, Inc., Roush Manufacturing, Inc., Roush Performance Products, Inc., Roush Corporation, Roush Life Sciences, LLC, Roush Management, LLC, Roush Cleantech, LLC and Farmington Property, LLC (“Roush”) are hereby added as Additional Insureds as their interest may appear. Insurance provided is primary and not excess or contributing with any insurance purchased or maintained by Roush. A Waiver of Subrogation in favor of the Additional Insured is included on the Commercial General Liability, Automobile Liability, and Workers Compensation policies.”

Notice of Cancellation Requirement: **30 Days**

Please fax or e-mail your insurance certificate meeting the above requirements to the following Certificate Holder:

Roush Enterprises, Inc.
Attn: Wendy Cusenza
12445 Levan Road
Livonia, Michigan 48150
Tel: (734) 779-7190
Fax: (734) 779-7189
E-mail: wendy.cusenza@roush.com

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

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	INSURERS AFFORDING COVERAGE	NAIC #
	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 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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				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 AUTO ONLY: EA ACC \$ AGG \$
A	X	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER				

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 "Roush Enterprises, Inc., Roush Industries, Inc., Roush Manufacturing, Inc., Roush Performance Products, Inc., Roush Corporation, Roush Life Sciences, LLC, Roush Management, LLC, Roush Cleantech, LLC and Farmington Property, LLC ("Roush") are hereby added as Additional Insureds as their interest may appear. Insurance provided is primary and not excess or contributing with any insurance purchased or maintained by Roush. A Waiver of Subrogation in favor of the Additional Insured is included on the Commercial General Liability, Automobile Liability, and Workers Compensation policies."

CERTIFICATE HOLDER Roush Enterprises, Inc. Attn: Wendy Cusenza 12445 Levan Road Livonia, MI 48150	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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