

# CERTIFICATE OF INSURANCE REQUIREMENTS FOR FICKLING MANAGEMENT SERVICES, LLC MANAGED PROPERTIES

This packet provides all the information you will need to become a compliant service provider. A Fickling Management Services compliant service provider you are approved to solicit your services to all properties managed by Fickling Management Services, LLC.

Below are the steps you'll need to take to be a service provider:

- 1) **E-mail documentation below** per the checklist to [CommercialCOI@fickling.com](mailto:CommercialCOI@fickling.com)
- 2) **Received approval begin work** for properties managed by Fickling Management Services

## **ADDITIONAL INFORMATION**

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- Compliant service providers are those who have reached an “Approved” status with FMS COI compliance department.
- Until all compliance requirements are met, the property staff cannot hire you as a service provider.
- Beginning work before reaching an “Approved” status may result in delayed payment.
- Please note that it is your responsibility to keep your documents updated with the FMS COI compliance department and to renew your enrollment each year. Please have renewals sent to [CommercialCOI@fickling.com](mailto:CommercialCOI@fickling.com)
- *Fickling Management Services, LLC and Owner must be Named as additional insured with respect to general liability. If Vendor enters into a service agreement (contract for recurring services), then Fickling Management Services, LLC and Owner must be Named as additional insured.*
- All invoice payment status questions should be directed to Commercial Property Management. To ensure prompt payment, please be sure to do the following:
  - Make sure that the payment remittance address listed on your invoices matches the address provided to FMS COI during enrollment. Be sure to immediately update any remittance address changes. Notify FMS COI at [CommercialCOI@fickling.com](mailto:CommercialCOI@fickling.com).
  - Use the full property name/address on each invoice when submitting them for payment.

## SERVICE PROVIDER CHECKLIST

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To become compliant with Fickling Management Services policies and insurance requirements, you must provide all documentation per the below checklist.

- Worker's Compensation Benefits: Statutory
- Employer's Liability: Each accident \$100,000  
Disease - policy limit \$500,000  
Disease – each employee \$100,000
- Commercial General Liability:
  - Each Occurrence - \$1,000,000
  - Damage to Rented Premises (Ea occurrence) \$100,000
  - Medical Exp (Any one person) - \$5,000
  - Personal & Adv Injury - \$1,000,000
  - General Aggregate - \$2,000,000
  - Products-Comp/Op Agg - \$2,000,000
- Excess Liability: Umbrella - policy limit \$1,000,000 (If considered High Risk)
- Business Auto Liability Policy: Limits not less than \$1,000,000 combined Single Limit.
- *Fickling Management Services, LLC and Owner must be Named as additional insured!with respect to general liability. If Vendor enters into a service agreement!(contract for recurring services) then Fickling Management Services, LLC and Owner must be Named as additional insured.*
- Please note, if you currently service multiple properties, a certificate must be completed for **EACH** property you service naming *Fickling Management Services, LLC* as additional insured and showing property address working at.
- Make sure that the payment remittance address listed on your invoices matches the! address provided to Commercial Property Management.

Certificate Holder should be listed as follows:

Fickling Management Services, LLC

Property Owner Name

P.O. Box 310

Macon, GA 31202

### ADDITIONAL ITEMS (All Vendors)

- W-9 Form - Signed and Dated
- Applicable licenses must be submitted. For example, an electrician must submit an electrical license.
- Lien Waiver (if applicable)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Please note that this is to be used as a sample certificate of insurance ONLY, and in no way supercedes the language in the contract. Review the contract language with your insurance carrier to ensure that you have the appropriate policies and limits.

**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).

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|---|--|
| <b>PRODUCER</b><br><div style="border: 2px solid blue; border-radius: 15px; padding: 10px; text-align: center; font-size: 1.2em;">Insurance Agency and Address</div>                      | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No. Ext):</b> _____ <b>FAX (A/C, No):</b> _____<br><b>E-MAIL ADDRESS:</b> _____ |
|   | <b>INSURER(S) AFFORDING COVERAGE</b> _____ <b>NAIC #</b> _____   |
| <b>INSURED</b><br><div style="border: 2px solid green; border-radius: 15px; padding: 10px; text-align: center; font-size: 1.2em;">VENDOR Name and Address include dba if applicable</div> | <b>INSURER A:</b> _____  |
|   | <b>INSURER B:</b> _____  |
|   | <b>INSURER C:</b> _____  |
|   | <b>INSURER D:</b> _____  |
|   | <b>INSURER E:</b> _____  |
|   | <b>INSURER F:</b> _____  |

List Insurance Carriers & NAIC #'s Here.

| 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   | ADDL INSR                           | SUBR WVD                            | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY)   POLICY EXP (MM/DD/YYYY) | LIMITS   |
| A   | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Policy #         | 01/01/2022   01/01/2023                           | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b><br>MED EXP (Any one person) \$ <b>5,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> |
|   | <b>SAMPLE VENDOR COI</b>  |                                     |                                     |                  |   | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b><br>BODILY INJURY (Per person) \$ _____<br>BODILY INJURY (Per accident) \$ _____<br>PROPERTY DAMAGE (Per accident) \$ _____   |
| A   | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Policy #         | 01/01/2022   01/01/2023                           | EACH OCCURRENCE \$ <b>1,000,000</b><br>AGGREGATE \$ <b>1,000,000</b>   |
| B   | <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input checked="" type="checkbox"/> CLAIMS-MADE<br>DED _____ RETENTION \$ _____  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Policy #         | 01/01/2022   01/01/2023                           | EACH OCCURRENCE \$ <b>1,000,000</b><br>AGGREGATE \$ <b>1,000,000</b>   |
| C   | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/><br>If yes, describe under DESCRIPTION OF OPERATIONS below  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Policy #         | 01/01/2022   01/01/2023                           | <input checked="" type="checkbox"/> WC STATUTORY LIMITS   OTH-ER<br>E.L. EACH ACCIDENT \$ <b>100,000</b><br>E.L. DISEASE - EA EMPLOYEE \$ <b>100,000</b><br>E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>  |

Please refer to service contract for amounts

If applicable: Umbrella requirements/ Based on High Risk/Low Risk

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

Type in Property Address  
 Type in the Additional Insured & Waiver of Subrogation Endorsement Names & Form #'s; Attach a Copy of Additional Insured & Waiver of Subrogation Endorsements - Fickling Management Services, LLC and OWNER/ LANDLORD. Provide a 30 Day Notice of cancellation to Fickling Management Services, LLC

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br><div style="border: 2px solid black; border-radius: 15px; padding: 10px;">           Fickling Management Services, LLC<br/>           Property Owner's Name<br/>           P O Box 310<br/>           Macon, Ga 31202         </div> | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br>Agent Signature Required |
|---|--|

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

\*NOTE:

HIGH RISK VENDORS REQUIRE the UMBRELLA POLICY

# SAMPLE ADDITIONAL INSURED ENDORSEMENT

## **Additional Inclusions/Exemptions/Information:**

[CG 20 10 10 01](#) edition—Additional Insured coverage for “your ongoing operations” only, not “your work”. Now specifically states in accord with the Pardee Construction decision that coverage is excluded for completed operations (and therefore Construction Defect Liability) for additional insureds.

\* [Form 20 37 10 01](#) must be used with [CG 20 10 10 01](#) or equivalent insurance carrier editions of these forms

## ***CG 20 37 10 01 Requirements:***

[CG 20 37 10 01](#) edition—Endorsement specifically adding "completed operations" for additional insured for “your work”. Intent is to be comparable to the [CG 20 10 11 85 edition](#) which is virtually no longer available. This form **must** be used **with** either the new [CG 20 10 10 01](#), or [CG 20 33 10 01](#) (or equivalent insurance carrier editions of these forms) to give the Additional Insured both "ongoing operations" liability and "completed operations" liability coverage.

## ***Automobile Coverage:***

May be “Hired Autos” AND “Non-Owned Autos” instead of “Any Auto” ONLY for companies who do not own vehicles. Must be \$1M combined single limit, OR \$500K (per person)/ \$500K (per accident)/\$500K Property Damage

## ***Umbrella/Excess Coverage:***

Excess not required if each occurrence, General Aggregate and Products-Comp/Op limits on GL coverage above are each \$2M or more

Umbrella minimum is \$1M

## ***Workers’ Compensation Coverage:***

Any vendor/supplier performing work on site regardless of the number of employees or filing status, will be required to have Workers’ Compensation insurance coverage; there are **NO EXEMPTIONS** permissible

## ***Errors and omissions insurance (E&O)***

Professional liability insurance that protects the company and their workers or individual against claims made by clients for inadequate work or negligent actions must be verified before professional services can begin. Below is an example of professional service providers required to have and verify coverage:

- Accountants
- Lawyers
- Advertising Professionals

## FAQ's

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Below are the answers to some of the most frequently asked questions by Fickling Management Services, LLC service providers. If the answer to your question is not located below, please contact Commercial Property Management at 478-743-0000 for general compliance and insurance questions. You may also submit your question via e-mail to [CommercialCOI@fickling.com](mailto:CommercialCOI@fickling.com)

**Q: How can I determine what Risk Level I need to be insured for?**

**A:** *FMS maintains an active Fickling Risk Levels report (included in this packet) that will allow you to research what coverage is necessary for the type of service or products you provide. For more detailed information, email your questions to [CommercialCOI@fickling.com](mailto:CommercialCOI@fickling.com)*

**Q: How long does it take FMS COI to process documents?**

**A:** *It usually takes 24-72 hours for documents to be processed once they have been received by the compliance department. Please note that this process re-starts each time a new document is submitted for review.*

**Q: How can I assist in getting my company "Approved"?**

**A:** *Share the sample ACCORD insurance certificate with your insurance agent so that they may see what is required. This will assist your agent in preparing the certificate correctly the first time. Review each of the requirements on-line or discuss them with the compliance department. In addition to your insurance certificate, other documents are required, such as the Service provider Services Agreement, W-9, and professional license. Completing these documents and returning them promptly will prevent delays. You can return documents via e-mail to [CommercialCOI@fickling.com](mailto:CommercialCOI@fickling.com). Please make sure the name of your company is clearly identified on all documents that are submitted.*

**Q: What additional "verbiage" has to be included?**

**A:** *It is required that ALL Managed Properties show "PROJECT: INPUT PROPERTY NAME/ADDRESS OF PROJECT/JOB. FICKLING MANAGEMENT SERVICES, LLC and OWNER MUST BE NAMED AS ADDITIONAL INSURED. 30 DAY NOTICE OF CANCELLATION OF ALL POLICIES APPLIES" be added to your insurance policy as an additional insured by means of a General Liability Additional Insured Endorsement. An example has been provided in this packet. Or for Blanket Policy (where applicable) "BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED." An example has been provided in this packet.*

## FAQ's

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### High Risk Vendors

Electrical

Heating & Air

Asphalt

Plumbing

Roofing

Uniform Fire & Safety

Tree Removal

Water Main Repair

Crime Scene and

Disaster Clean-Up

Tow Truck Driver

Well Drilling

Stair & Rail Maintenance/Repair

Contractors

Elevator Maintenance/Repair

Caterers Serving Alcohol (Need  
proof of Liquor Liability in  
addition to General Liability)