

Oncor Energy Efficiency Insurance Guidelines

January 2019

Insurance Requirements

Service Provider will, at its own expense, maintain in force throughout the period of the Agreement at least the following minimum insurance coverages, with insurers acceptable to Oncor Electric Delivery Company LLC (Oncor).

| TYPE/COVERAGE | MINIMUM LIMITS OF LIABILITY | |
|---|--|--|
| COMMERCIAL GENERAL LIABILITY including bodily injury and property damage; personal and advertising injury; contractual liability; products and completed operations; explosion, collapse and underground damage and premise operations written on an occurrence form. | Each Occurrence: Products Comp/Ops Aggregate: | \$1,000,000 \$1,000,000 |
| AUTOMOBILE LIABILITY with a combined single limit per accident for bodily injury, including death, and property damage (applicable to all owned, non-owned and hired autos, trailers and semi-trailers). | Combined Single Limit | \$ 500,000 |
| WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY providing statutory benefits in accordance with the laws and regulations of the State of Texas. | Each Accident Disease Each Employee Disease Policy Limit | \$ 500,000 \$ 500,000 \$ 500,000 |
| AVIATION LIABILITY INSURANCE including bodily injury, personal injury and property damage for liability arising from the use of owned and/or non-owned aircraft as well as owned and/or non-owned unmanned aerial systems (UAS) with a minimum of five million dollars (\$5,000,000) per accident, including passenger coverage. Coverage shall include, with no exclusion or sublimit, war liability, including sabotage, non-certified terrorism events, and illegal acts. The definition of bodily injury shall be extended to cover mental anguish. Any such aircraft utilized shall be scheduled or otherwise designated per the policy terms and conditions for affirmative coverage. Coverage shall include, with no exclusion or sublimit, claims for damages arising from, or in consequence of interruption of services from the following: power transmission lines, television broadcasting, radio broadcasting, microwave transmissions, telegraph or telephone transmission lines, gas, steam, oil or any other instruments of power or fluid transmission, and any claims or losses alleging changes or variations in such transmission. For manned aircraft, coverage shall have no exclusion or sublimit for injury to passenger(s). | Each Occurrence: | \$5,000,000 |

The required limits of insurance can be satisfied by any combination of primary and excess coverage, if any, and excess coverage shall follow form of the underlying general liability and auto liability policies. COIs must state that certificate holder is included as additional insured on all policies of insurance (except worker's compensation) and all required coverages provide waiver of subrogation in favor of the certificate holder.

Each of the above policies, except workers' compensation and employers' liability insurance, must contain provisions that specify that the policies are primary and will apply without consideration for other policies separately carried and will state each insured is provided coverage as though a separate policy had been issued to each, except with respects to limits of insurance, and that only one deductible will apply per occurrence regardless of the number of insureds involved in the occurrence. Service Provider will be responsible for any deductibles or retentions.

Prior to commencement of Project and annually for the term of this agreement, Service Provider will have agent/broker provide Oncor certificates of insurance evidencing the coverage required herein. Oncor's review of certificates or policies will not be construed as accepting any deficiencies in Service Provider's insurance or relieve Service Provider of any obligations set forth herein. In addition, Service Provider will require each of its subcontractors to provide adequate insurance. Any deficiencies in the insurance to be provided by subcontractors will be the responsibility of Service Provider.

Service Provider shall provide thirty (30) days prior written notice of cancellation to or, in the case of non-payment of premium, ten (10) days written notice of cancellation to Oncor.

Insurance Requirements

The requirements contained herein as to the types and limits of all insurance to be maintained by the Service Provider are not intended to and will not, in any manner, limit or qualify the liabilities and obligations assumed by the Service Provider under the Agreement.

Required insurance shall be certified using the ACORD 25 form dated 2010/05 or later, or similar evidence of insurance acceptable to the Texas Department of Insurance (TDI). If Service Provider's insurance carrier/agent provides Oncor a certificate of insurance (COI) that is not an ACORD 25 form dated 2010/05 or later, insurance carrier/agent must also submit sufficient documentation directly to Oncor indicating that certificate is approved by TDI.

All policies must be issued by carriers having an A.M. Best's rating of "A-" or better, and an A.M. Best's financial size category of "VIII" or better. Insurance provided by the Service Provider must be maintained in effect during the entire term of this Agreement. Additionally, the National Association of Insurance Commissioners number (NAIC #) assigned to the policy carrier must be shown on the COI.

COIs must be signed/dated by insurance agent or authorized representative. Certificate holder must be shown as:

Oncor Electric Delivery Company LLC and its affiliates
1616 Woodall Rodgers Fwy. EEPM Suite 5M
Dallas, Texas 75202

The original COI must be forwarded to the certificate holder (Oncor) at eepminsurance@oncor.com. Please do not mail copies of the insurance certificate.

Insurance Acord Form Instructions

| Field # | Field Name | Instruction |
|---------|--|--|
| 1 | Producer | Name and address of insurance producer/carrier. Note that SERVICE PROVIDER may have coverage with more than one insurance carrier (e.g. General Liability policy is with one carrier and the Automobile Liability may be with a different insurance carrier). |
| 2 | Insured | Exact entity name and address of SERVICE PROVIDER signing the agreement with Oncor. |
| 3 | Producer – Contact | Contact information for insurance producer/carrier (contact name, email address, phone number, etc.) |
| 4 | Insurers Affording Coverage | <p>Complete Name(s) of Insurer(s) and NAIC number providing coverage is listed in this section. The insurer name and policy information is then cross-referenced under the column “INSR LTR”, which stands for Insurer Letter. All insurance carriers must have an <i>A.M Best’s</i> rating of “A-” or better and an <i>A.M.’s Best’s</i> financial size category of “VIII” or better. AM Best site is www.ambest.com; simple registration is required to access the ratings.</p> <p>For example, if “INSURER A” is the carrier for General Liability coverage, all of the General Liability policy information will be in row A in the column “INSR LTR”.</p> |
| 5 | Certificate Number | Each Certificate is numbered in provider’s own format. |
| 6 | ADDL INSR and SUBR WVD | <p>The column headings ADDL INSR indicate “Additional Insured” and SUBR WVD indicate “Subrogation Waived”. Oncor requires that these boxes be completed with a “Y, X, or *” indicating coverage is provided under the insurance policy.</p> <p>Note: Alternately, Additional Insured and Subrogation Waived may be provided in the Description of Operations box.</p> |
| 7 | Policy Number | The policy number for each coverage for that carrier will be listed. |
| 8 | Type of Insurance | These sections contain information identifying the types of coverage included in a specific policy. For example, under General Liability, the “Commercial General Liability” and “Occur” boxes must be checked. |
| 9 | POLICY EFF AND POLICY EXP | <p>These two fields stand for “Policy Effective Date” and “Policy Expiration Date”.</p> <p>Verify that the policy dates cover the period of time the SERVICE PROVIDER will be performing services. SERVICE PROVIDER is required to maintain active insurance policies throughout the duration of work or service being performed.</p> |
| 10 | Limits | This section shows the actual coverage dollar amounts for each policy. Verify that the coverage amounts meet the requirements for Oncor’s Energy Efficiency Programs. (See Program Manual “Insurance Requirements) |
| 11 | Worker’s Compensation and Employer’s Liability | The insurance carrier/producer may put a “Y” for yes or an “N” for no. There is no bearing on whether Y or N is selected; only that the box is filled out. |
| 12 | WC Statutory Limits | This section denotes whether or not workers compensation statutory limits are covered. This box must be marked with X. |
| 13 | Certificate Holder | <p>This section should read:</p> <p>Oncor Electric Delivery Company LLC and its affiliates 1616 Woodall Rodgers Fwy. EEPM Suite 5M Dallas, TX 75202</p> |
| 14 | Authorized Representative | Signature of the insurance carrier’s Authorized Representative |
| 15 | Form Date | Form date should read ‘ACORD 25 (2010/05)’ or later date |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/2015

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).

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| PRODUCER Insurance Company 123 Insured Street Fort Worth TX 76102 | | CONTACT NAME: Sue Smith PHONE (A/C, No, Ext): (817) 123-4567 FAX (A/C, No): (817) 123-4566 E-MAIL ADDRESS: | |
| INSURED Energy Efficiency Provider Altn: Contact Name 434 East Main Street Energyville TX 75202 | | INSURER(S) AFFORDING COVERAGE INSURER A: Travelers INSURER B: Valley Forge Insurance INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 12345 54321 | |

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 | <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | Y | Y | POL123456 | 01/01/2015 | 12/31/2015 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPOP AGG \$ 1,000,000 |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | Y | Y | POL123456 | 01/01/2015 | 12/31/2015 | COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| C | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| D | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | POL123456 | 01/01/2015 | 12/31/2015 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |

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

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| CERTIFICATE HOLDER Oncor Electric Delivery Company LLC and its affiliates 1616 Woodall Rodgers Fwy EEPM Suite 5M Dallas TX 75202 | 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 Sue Smith |
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