

EXHIBIT "7"

SUBCONTRACT AGREEMENT INSURANCE RIDER

Subcontractors of Jimerico Construction shall purchase and maintain during the entire project and during the warranty period, insurance with the minimum limits and coverage shown below or, if greater - the requirements set forth in the Contract Documents, from insurance companies acceptable to Jimerico Construction.

General Liability

Subcontractor shall carry standard ISO General Liability coverage, written on an occurrence basis - including Completed Operations. The coverage must be endorsed to name Jimerico Construction, Inc. as an "Additional Insured" (Form CG2010 11/85 or equivalent – meaning the additional insured coverage form to include work in progress - i.e. ongoing operations and completed work - i.e. Completed Operations) and include the Owner, Architect and other as "Additional Insureds" as required in the contract documents. The "Additional Insured" form shall state that this insurance shall be primary without right of contribution from any other insurance available to the "additional insureds" and the amount of the company's liability under this policy shall not be reduced by the existence of such other insurance. Copy of the additional insureds endorsement form is to be attached to the Certificate of Insurance. A waiver of subrogation will be provided

The GL shall include such coverage, but not limited to, premises/operations, employees as insureds, explosion, collapse and underground (XCU), broad form contractual (including personal injury), products/completed operations, independent contractors, broad form property damage and personal injury. The CGL must be written on an occurrence basis, with minimum limits of:

Each Occurrence	\$1,000,000
General Aggregate - Per Project	\$2,000,000
Products and Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000
Fire Damage	\$100,000
Medical Payments	\$10,000

Comprehensive Automobile Liability on occurrence basis covering all Owned, Non-Owned and Hired Vehicles for limits of liability equal to \$1,000,000 Combined Single Limit.

WORKER'S COMPENSATION including Occupations Disease insurance meeting the statutory requirements of the State in which work is to be performed together with a Broad Form All States Endorsement and containing **Employer's Liability** insurance in an amount of at least \$500,000 Each Accident / \$500,000 Disease – Policy Limit / \$500,000 Disease - Each Employee. Workers Compensation shall waive the rights of subrogation in favor of all additional insureds.

UMBRELLA LIABILITY and/or EXCESS LIABILITY with coverage at least as broad as the underlying policies. The per occurrence and aggregate limits shall be \$1,000,000.

A certificate of insurance form must be filed with Jimerico Construction prior to the commencement of any work and must state coverage will not be altered, cancelled or allowed to expire without thirty (30) days written notice by certified mail to Jimerico Construction If any of the above coverages are subject to or are in excess of any deductibles or self-retention, these amounts must be stated on the certificate, and said deductibles and self-retention will be the sole responsibility of Subcontractor. A duplicate certificate and additional insured endorsement shall be sent to Jimerico Construction

It is understood and agreed that the insurance coverage and limits, required above, shall not limit the extent of Subcontractor's responsibilities and liabilities specified within Contract Documents or by law.

It is understood and agreed that authorization is hereby granted to refuse entry to job site and to withhold payments to Subcontractor until a properly executed Certificate of Insurance is received by Jimerico Construction.

Subcontractor's Insurance Requirements set forth herein shall become and be part of any purchase order or contract issued by Jimerico Construction to Subcontractor as though fully set forth in said purchase order or contract.

Should Subcontractor fail or neglect to provide the required insurance, Jimerico Construction shall have the right, but not the duty, to provide such insurance and deduct from any money that may be due or become due to Subcontractor for any and all premium or costs Jimerico Construction incurs. Equivalent insurance coverage must be obtained from each Sub-subcontractor and Supplier, if any, before permitting them on the site of the project. Otherwise, such insurance for Sub-subcontractors and Suppliers must be included within Subcontractor's insurance policies.

EXHIBIT "7"

CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY)
PRODUCER Insurance Company Name Street Address City, State, Zip Code Telephone Number Fax Number		DUPLICATION OF THIS FORM IS CONSIDERED FRAUD AND IS PUNISHABLE BY LAW INSURERS AFFORDING COVERAGE
INSURED Subcontractor Street Address City, State, Zip Code		
		INSURER A: Company A INSURER B: Company 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 NUMBER AND EFFECTIVE DATE WITHSTANDING 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 SAID POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EFFECTIVE DATE (MM/DD/YY)		
A	GENERAL LIABILITY	Policy Number	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE	\$1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one person)	\$50,000.00
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$5,000.00
					PERSONAL & ADV INJURY	\$1,000,000.00
					GENERAL AGGREGATE	\$2,000,000.00
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS LIABILITY	\$2,000,000.00
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY	Policy Number	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT per accident	\$1,000,000.00
	<input checked="" type="checkbox"/> ANY AUTO					
	<input checked="" type="checkbox"/> ALL OWNED AUTOS					
	<input type="checkbox"/> SCHEDULED AUTOS					
	<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY					
	<input type="checkbox"/> ANY AUTO				ADDITIONAL ACCIDENT	
					OTHER (per occurrence)	each accident
					AUTO ONLY:	aggregate
A	EXCESS LIABILITY	Policy Number	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE	\$1,000,000.00
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$1,000,000.00
	<input type="checkbox"/> DEDUCTIBLE					
	<input checked="" type="checkbox"/> RETENTION					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Policy Number	MM/DD/YY	MM/DD/YY	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
					OTHER	
					E.L. EACH ACCIDENT	\$100,000.00
					E. L. DISEASE - EA EMPLOYEE	\$100,000.00
					E.L. DISEASE - POLICY LIMIT	\$500,000.00
	OTHER					

Project:
 List the project you are working on
 List Jimerico as additional insured

30 Days Notice of Cancellation applies to Workers Compensation

CERTIFICATE HOLDER Jimerico Construction, Inc. 514 NE 13 Street Fort Lauderdale, FL 33304 Tel Number (954) 467-2888 Fax Number (954) 524-3799	ADDITIONAL INSURER LETTER	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Authorized Representative Signature
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