



## Consolidated Grain and Barge Co. Insurance Requirements

Carrier Requirements		Please provide NAIC# for all insurers
Safer Rating - Satisfactory, Conditional, Unknown or Not Yet Rated		*Unsatisfactory is not eligible to haul for CGB
Commercial General Liability-\$1,000,000		
<ul style="list-style-type: none"> <li>Each Occurrence</li> <li>Gen'l aggregate applies-Per Policy</li> </ul>		
Auto Liability-\$1,000,000		
<ul style="list-style-type: none"> <li>Additional insured</li> <li>Please specify to what auto's policy applies</li> </ul>	Addtl Insured Name: Consolidated Grain and Barge CO	
Cargo- \$25,000		
Workers Comp-\$500,000 (500k/500k/500k)		
<ul style="list-style-type: none"> <li>Statutory</li> <li>Waiver of subrogation must be included if carrier/operator has other employees hauling for CGB</li> </ul>	**Proof of workers compensation is only required if the Carrier/Operator has other employees hauling for the shipper. <b>**If Carrier/Operator <u>does not</u> require WC must provide a signed waiver in lieu of.</b>	

Broker Requirements		Please provide NAIC# for all insurers
Safer Rating - Satisfactory, Conditional, Unknown or Not Yet Rated		*Unsatisfactory is not eligible to haul for CGB
Commercial General Liability-\$1,000,000		
<ul style="list-style-type: none"> <li>Each Occurrence</li> <li>Gen'l aggregate applies-Per Policy</li> </ul>		
Contingent Auto Liability-\$1,000,000		
Contingent Cargo- \$25,000		
Workers Comp-\$500,000 (500k/500k/500k)		
<ul style="list-style-type: none"> <li>Statutory</li> <li>Waiver of subrogation must be included if carrier/operator has other employees hauling for CGB</li> </ul>	**Proof of workers compensation is only required if the Carrier/Operator has other employees hauling for the shipper. <b>**If Carrier/Operator <u>does not</u> require WC must provide a signed waiver in lieu of.</b>	

### Certificate Holder Information for Carriers and Brokers

Consolidated Grain and Barge CO. C/O my COI  
 P.O. BOX 501970, 8710 Bash Street Indianapolis, IN 46256  
[Certificates@cgb.com](mailto:Certificates@cgb.com)

# CERTIFICATE OF ELECTION TO NOT MAINTAIN WORKERS' COMPENSATION COVERAGE

The undersigned, as authorized representative of the (Contractor) set forth below, hereby warrants and represents to Consolidated Grain and Barge Co. that such (Contractor) is not required by (State) law to maintain Workers' Compensation insurance, and further that it has elected not to maintain such insurance.

In the event that (Contractor) subsequently either (1) becomes subject to pertinent Workers Compensation law, or (2) (Contractor's) maintenance of Workers' Compensation insurance remains elective but (Contractor) elects to maintain such insurance, the (Contractor) will provide Consolidated Grain and Barge Co. with evidence of such insurance in compliance with the terms of the pertinent agreement between the parties.

Contractor: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_