

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, 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, Excess/Umbrella Liability and Workers Compensation policies.”

In addition, there should be an **“X”** in the second narrow column entitled **“ADD’L INSRD”** before each of the coverage rows for General Liability, Automobile Liability and Excess/Umbrella Liability.

Certificate Holder: **Roush Enterprises, Inc.**
Attn: Wendy Cusenza
12445 Levan Road
Livonia, Michigan 48150

Notice of Cancellation Requirement: **30 Days**

Please mail, fax, or e-mail your insurance certificate meeting the above requirements to:

Wendy Cusenza
Roush Enterprises, Inc.
Legal/Risk Management
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.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Name and Address

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.

Table with columns: INSR LTR, ADD'L INSRD, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE, POLICY EXPIRATION DATE, LIMITS. Rows include General Liability, Automobile Liability, Garage Liability, Excess/Umbrella Liability, and Workers Compensation and Employers Liability.

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, 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, Excess/Umbrella Liability and Workers Compensation policies.

CERTIFICATE HOLDER

Roush Enterprises, Inc.
Attn: Wendy Cusenza
12445 Levan Road
Livonia, Michigan 48150

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