

SCHEDULE B

Commercial General Liability (Occurrence Form ISO CG0001 or equivalent)

General Aggregate (other than Prod/Comp Ops Liability)	\$ 2,000,000
Products/Completed Operations Aggregate	\$ 2,000,000
Personal & Advertising Injury Liability	\$ 1,000,000
Each Occurrence	\$ 1,000,000

- NEW Cooperative, Inc. shall be added as an Additional Insured using most recent form ISO CG 2010 or equivalent.
- NEW Cooperative, Inc. shall be added as an Additional Insured for products and completed operations using the most recent form ISO CG 2037 or equivalent.
- Waiver of subrogation in favor of NEW Cooperative, Inc.
- Contractor’s policy shall be primary and non-contributory over NEW Cooperative, Inc.
- NEW Cooperative, Inc. shall be notified 30 days in advance of cancellation, non-renewal or material change in above coverage.
- Policy shall include pollution coverage for release of hazardous materials.*
- Coverage must be placed with an insurance company with a current minimum A.M. Best rating of A-, VII or better.

Commercial Auto Liability (ISO CA0001 or equivalent)

Combined Single Limit - per accident	\$ 1,000,000
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- Liability Coverage shall apply to all owned, hired and non-owned autos (if applicable).
- CA 2048 Designated Insured (most recent approved edition) or equivalent naming NEW Cooperative, Inc. as Designated Insured.
- ISO CA9948 Broadened Pollution endorsement (most recent approved edition or equivalent).
- MCS90 (if applicable).
- Truckers Endorsement CA2320 or equivalent.
 1. Coverage shall include Trailer Interchange equal to the value of any insured leased trailer (if applicable).
 2. Motor truck cargo limit equal to the maximum shipped value.
- Waiver of subrogation in favor of NEW Cooperative, Inc.
- NEW Cooperative, Inc. shall be notified 30 days in advance of cancellation, non-renewal or material change in above coverage.
- Coverage must be placed with an insurance company with a current minimum A.M. Best rating of A-, VII or better

Workers’ Compensation and Employer’s Liability - As required by State Statute

Workers’ Compensation	State Statutory Limits
Employer’s Liability	
Bodily Injury by Accident	\$ 100,000 each accident
Bodily Injury by Disease	\$ 100,000 policy limit
Bodily Injury by Disease	\$ 500,000 each employee

- Coverage shall contain the Waiver of Our Right to Recover from Others WC000313– in favor of NEW Cooperative, Inc.
- Coverage must be placed with an insurance company with a current minimum A.M. Best rating of A-, VII or better
- (Iowa Only) If Independent Contractor is performing work as a sole proprietor, partnership, or LLC member, proof of the Election of the Iowa Coverage or Non-Election must be provided.

Umbrella Liability

Each Occurrence and Aggregate - Minimum	\$ 1,000,000 (or amount agreed upon)
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- Above commercial general liability, auto liability and employer’s liability coverage shall be included as scheduled underlying insurance.
- Coverage must be placed with an insurance company with a current minimum A.M. Best rating of A-, VII or better

*As defined by US DOT