



## LyondellBasell Minimum Insurance Requirements And Certificates of Insurance (COIs) For Supplier Qualification

For the purposes of this document, a “Supplier” is defined as any contractor, vendor, or third party provider of goods and/or services. Suppliers must submit a *Certificate of Insurance* (COI) evidencing the minimum required coverage limits as part of the Supplier qualification process and prior to issuance of a work/purchase order. The following minimum insurance limits apply for supplier qualification by LyondellBasell. Please reference Appendix A for a Sample COI.

1. Workers Compensation & Employer’s Liability	Statutory & \$ 1,000,000
2. Commercial General Liability	\$ 1,000,000
3. Automotive Liability	\$ 1,000,000
4. Excess/Umbrella Liability	\$ 1,000,000 to \$25,000,000*

\*Specific limits are determined during contract negotiations and may differ from these limits based on the scope of services. Requirements for on-site Process Safety Management work begin at \$5,000,000 Excess/Umbrella Liability. Additional specialized insurance may be required based on scope of services or work, i.e. asbestos removal, hazardous wastes, etc. Please confirm required amounts with your Procurement contact and indicate the contractually required coverage limits on your COI.

**Certificate Holder Name:** On your COI, the Certificate Holder Name must include the names of all four LyondellBasell US operating entities as follows:

***Lyondell Chemical Company,  
Equistar Chemicals, LP,  
LyondellBasell Acetyls, LLC,  
Houston Refining LP***

Alternatively, Certificate Holder may be “***Lyondell Chemical Company and each of its parents, subsidiaries, and affiliates.***”

***LyondellBasell or LyondellBasell Industries will not be accepted as the Certificate Holder.*** Failure to properly complete the *Certificate Holder* name will result in rejection of your insurance and delay the qualification process.

**Endorsements:** COI’s must indicate that Waiver of Subrogation and Additional Insured endorsements apply to the Supplier’s policies, except where prohibited by law. Below are examples of acceptable wording for noting the endorsements on the COI. Copies of endorsements are also acceptable.

1. **Waiver of Subrogation:** All policies contain a Waiver of Subrogation in favor of Lyondell Chemical Company, Equistar Chemicals, LP, LyondellBasell Acetyls, LLC, and Houston Refining LP.
2. **Additional Insured:** Certificate Holder has been named as an Additional Insured to all policies, excluding Workers Compensation and Professional Liability (if applicable).

**Insurance Renewal COIs:** Insurance verification is a condition of work at LyondellBasell. Evidence of insurance must be current at all times. When your policies are renewed, submit your renewal COIs two weeks prior to the renewal date to assure timely verification of insurance. **Failure to maintain evidence of current insurance will result in denial of entry to our plants to perform work.**

**Insurance Verification:** Insurance is verified by either ISNetworld or PQF.

If you subscribe to ISNetworld, COIs must be uploaded as a .pdf document at <http://www.isnetworld.com/>. If you need assistance, please contact the LYB ISN Customer Service Team at 1-800-976-1303.

All other COI’s are to be sent as a .pdf via email to [PQF@lyondellbasell.com](mailto:PQF@lyondellbasell.com). Hard copies of COI’s will not be accepted. Do not send COI’s directly to any site or to the attention of any buyer.

## Appendix A – Sample Certificate of Insurance (COI)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDD/YYYY)

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).

<b>PRODUCER</b> Supplier/Contractor's Broker or Insurance Company's name and Address	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext):      FAX (A/C, No): E-MAIL ADDRESS:																					
<b>INSURED</b> Name and Address of Supplier/Contractor	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Insurance Company 1</td> <td style="text-align: center;">####</td> </tr> <tr> <td>INSURER B:</td> <td>Insurance Company 2</td> <td style="text-align: center;">####</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Insurance Company 1	####	INSURER B:	Insurance Company 2	####	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER E:																						
INSURER F:																						

**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 (MMDD/YYYY)	POLICY EXP (MMDD/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			GL1234	01/01/2013	01/01/2014	EACH OCCURRENCE \$ \$1,000,000			
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC									
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$1,000,000 MED EXP (Any one person) \$ \$50,000 PERSONAL & ADV INJURY \$ \$1,000,000 GENERAL AGGREGATE \$ \$2,000,000 PRODUCTS - COM/PROP AGG \$ \$1,000,000									
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A	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BAP1234	01/01/2013	01/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000			
	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$									
	PROPERTY DAMAGE (Per accident) \$									
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			XS1234	01/01/2013	01/01/2014	EACH OCCURRENCE \$ \$5,000,000			
	AGGREGATE \$ DED    RETENTION \$									
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC1234	01/01/2013	01/01/2014	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER			
	E.L. EACH ACCIDENT \$ \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$ \$1,000,000 E.L. DISEASE - POLICY LIMIT \$ \$1,000,000									
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									

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Certificate Holder is an additional insured on all policies except Worker's Compensation. A waiver of subrogation is granted in favor of Certificate Holder on Automobile Liability, Commercial General Liability and Excess/Umbrella Liability, and Worker's Compensation/Employer's Liability Policies.

<b>CERTIFICATE HOLDER</b> NOTE: LyondellBasell or LyondellBasell Industries will not be accepted as a Certificate Holder. Certificate Holder: Lyondell Chemical Company Equistar Chemicals, LP LyondellBasell Acetyls, LLC Houston Refining LP Alternatively, Certificate Holder may be "Lyondell Chemical Company and each of its parents, subsidiaries, and affiliates."	<b>CANCELLATION</b> 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
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