

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 be as follows:

"Lyondell Chemical Company and each of its parents, subsidiaries, and affiliates."

Alternatively, Certificate Holder may include the names of all five LyondellBasell US operating entities:

***"Lyondell Chemical Company;
Equistar Chemicals, LP;
LyondellBasell Acetyls, LLC;
Houston Refining LP;
LyondellBasell Advanced Polymers Inc."***

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 certificate holder.
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. 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/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 have ADDITIONAL INSURED provisions or 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).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
	INSURER C :	
INSURER D :		
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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

	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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