

1055 Indianhead Drive  
P.O. Box 241  
Mosinee, WI 54455-0241  
Phone: 715-693-TEST (8378)  
Fax: 715-693-0689  
www.qct-usa.com



## Insurance Requirements

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Please submit a certificate of insurance to [leah@qct-usa.com](mailto:leah@qct-usa.com) **before you begin work.** State all information below on your certificate. If you have any questions contact Leah Denton, Office Manager for Quast Consulting and Testing, Inc. at 715-693-TEST (8378) or at the email listed above.

1. DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES:

**Project Name**

2. CERTIFICATE HOLDER:

**Quast Consulting and Testing, Inc.  
1055 Indianhead Drive  
Mosinee, WI 54455**

3. LIST ALL ADDITIONAL INSURED EXACTLY AS SHOWN:

**QUAST CONSULTING AND TESTING, INC.  
QDMS & S ENTERPRISE LLC**

4. 30 DAY NOTICE OF CANCELLATION

5. SUMMARY OF COVERAGE LIMITS:

Quast should be listed as additional insured on a primary and non-contributory basis. Additional insured status should be on the GL, Auto and Umbrella policies.

Please provide a waiver of subrogation in favor of all additional insureds on the GL, Auto, PL, Umbrella and Worker's Compensation.

**WORKERS COMPENSATION/ \$500,000 each accident, each employee/  
\$500,000 policy limit**

**GENERAL LIABILITY/ \$1,000,000 each occurrence/\$2,000,000 per project aggregate**

**AUTO LIABILITY/ \$1,000,000 combined single limit**

**UMBRELLA/ \$5,000,000 per occurrence/aggregate**

**PROFESSIONAL/ \$2,000,000 each claim**

**Note:**

- 1. General liability aggregate limits must be per project**
- 2. Quast Consulting and Testing, Inc. project number must be referenced on certificate (if one is provided).**