



SUPPLIER BUYING AGREEMENT: INSURANCE APPROVAL REQUEST FORM

1. Provide your agent/broker with this form which lists the insurance requirements for HD Supply Supplier.
2. Provide your agent/broker with the chart entitled HD Supply's Insurance Requirements.
3. Request that your agent/broker prepare a Certificate of Insurance which meets these requirements:

HD Supply's Supplier Insurance Requirements: All insurance must be written by a U.S. insurance company which is rated in the most recent edition of Best's Key Rating Guide (Property-Casualty edition) as **A-,VIII or better**. The insurance policy must provide for filing of claims in the United States and for payment of claims in U.S. currency. The insurance must also permit legal service of process in the U.S. and U.S. law must apply to claims. The Insurance Company must name **HD Supply Inc., its Parents, affiliates and subsidiaries** as the additional insured on the policy. The following statement should be in the Description of Operations section of the certificate:
 "HD Supply, Inc. its parents, affiliates and subsidiaries is (are) included as additional insured where required by written contract. Coverage is primary and non-contributory."

Coverage Requirements:

- Supplier must provide a current Certificate of Insurance with the agent's signature.
- The insured's name and address must be the same as the company executing the Supplier Buying Agreement (SBA). The same applies if a third party handles receivables.
- Supplier must have general liability insurance on an occurrence basis with a general aggregate limit of not less than the US dollar amounts specified on the HD Supply Insurance Requirements chart, a products-completed operations aggregate limit of not less than the US dollar amount specified on the attached Subclass, and a per occurrence limit of no less than the amounts specified on HD Supply Insurance Requirements chart.
- Any exceptions to this must be approved through HD Supply's Risk Management Department.
- HD Supply must be an additional insured under a broad form suppliers' endorsement. Supplier's insurance must be primary coverage.

The Certificate must reflect a 30 days notice of cancellation. Certificate Holder should read: HD Supply Inc., Attn: HD Supply Insurance, P.O. Box 12010, Hemet, CA, 92546-8010.

Request that the agent/broker fax the Certificate of Insurance and this completed form to the fax number below.

The Certificate will be reviewed for compliance with HD Supply's insurance requirements. If approved, an approval form with an approval number will be returned to the Supplier. This form must accompany all other required forms when submitting the Supplier Buying Agreement. If not approved, a detailed list of the deficiencies will be returned to Supplier and the agent/broker. A revised Certificate and the original deficiency notice should be faxed back to HD Supply. This process should be repeated until an approval notice is received. Any questions regarding HD Supply requirements or clarification of deficiency notices should be referred to HD Supply at **951-766-2227 or hdsupply@ebix.com**.

HD Supply Assigned Occurrence and Aggregate Limit Requirement

****Special Note****

The Named Insured listed on the Certificate of insurance and the Proposed Supplier Name listed below must be the same as that of the company executing the Supplier Buying Agreement

Fax to HD Supply at (770) 325-6362

Date: _____

Vendor Name _____ Vendor Contact _____

Telephone _____ Fax Number _____

From Agent/Broker: _____ Contact Name _____

Telephone _____ Fax Number _____

Attached is a Certificate of Insurance for the above referenced proposed HD Supply Supplier. Please review for compliance with HD Supply's insurance requirements set forth in the Supplier Buying Agreement. Approval notification of deficiencies should be returned to the supplier contact and agent/broker at the fax numbers above.

For HD Supply, Inc. use only:

Product _____ Product Risk Category/Coverage Requirement _____