CERTIFICATE OF INSURANCE

This is to certify that the following policies, subject to their terms, conditions and exclusions have been issued by the named companies:

Project _____
Location _____
Owner _____
Contractor _____
Architect/Engineer _____
Insured _____
Address _____

The following named policies meet the minimum requirements of the specifications:

Yes _____ No _____

PUBLIC LIABILITY:

Policy Number _____ Inception Date _____
Expiration Date _____
Insuring Company _____
Address _____
Agent _____
Address _____

TYPE OF POLICY: Combination comprehensive general automobile

Liability _____
Other _____

LIMITS:

Bodily Injury $ _____ Each Person
$ _____ Each Occurrence
$ _____ Aggregate
$ _____ Each Person
$ _____ Each Occurrence

COVERAGE PROVIDED:

	YES	NO
Operations of Contractor	_____	_____
Operations of Sub-Contractor (contingent)	_____	_____
Completed Operations	_____	_____
Contractual Liability (broad form)	_____	_____

LIMITS:

Property Damage	$ _____	Each Occurrence
	$ _____	Aggregate
Property Damage Auto	$ _____	Each Occurrence
-or-		
Combined Single Limit	$ _____	Each Occurrence

COVERAGE PROVIDED:

Property Damage Liability Includes:

	YES	NO
Damage due to blasting	_____	_____
Damage due to collapse	_____	_____
Damage to underground facilities	_____	_____
Broad Form Property Damage:		
premises and operations	_____	_____
contractual	_____	_____

AUTOMOBILE LIABILITY:

Policy Number _____ Inception Date _____
Expiration Date _____
Insuring Company_____
Address_____
Agent_____
Address_____

Limits of Liability:

Bodily Injury Liability	$ _____	Each Person
	$ _____	Each Occurrence
Property Damage Liability	$ _____	Each Occurrence
Combined Single Limit	$ _____	Each Occurrence

Coverage is provided for operation of all owned vehicles **Yes _____ No _____**

Coverage is provided for operation of all hired and non-owned vehicles **Yes _____ No _____**

Are any deductibles to Bodily Injury or Property Damage **Yes _____ No _____**

If yes, list

_____

_____

AGENT CARRIES ERRORS AND OMISSIONS INSURANCE **Yes _____ No _____**

In the event of cancellation, non-renewal or any material change in the above policies, fifteen days prior notice will be given to the parties to whom this certificate is issued.

DATE AT _____ ON _____

BY _____

Authorized Insurance Representative