

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:

	<u>YES</u>	<u>NO</u>
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:

	<u>YES</u>	<u>NO</u>
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