

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