

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

Personal Injury \$ _____ 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

