

ACORD

# CERTIFICATE OF INSURANCE

 DATE (MM/DD/YY)  
 DATE

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the Policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an**

**Endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

PRODUCER

*SAMPLE CERTIFICATE*

Insurance Agency  
Name & Address

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

### COMPANIES AFFORDING COVERAGE

COMPANY

**A** A Insurance Company

INSURED

*SAMPLE CERTIFICATE*

Subcontractor name & complete address

COMPANY

**B** B Insurance Company

COMPANY

C

COMPANY

D

### COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED TO PAY CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	123456	01/01/2013	01/01/2014	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE OF RENTED PREMISES	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
	_____				PERSONAL INJURY	\$ 1,000,000
	_____				GENERAL AGGREGATE	\$ 2,000,000
	_____				PRODUCTS-COMP/OP AGG	\$ 2,000,000
	_____				GENERAL AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PER PROJECT	
A	<b>AUTOMOBILE LIABILITY</b>	246810	01/01/2013	01/01/2014	COMBINED SINGLE LIMIT	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE	\$
	<input checked="" type="checkbox"/> NON-OWNED AUTO					
A	<b>EXCESS LIABILITY</b>	1234567	01/01/2013	01/01/2014	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> OCCUR				AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE					
	<input type="checkbox"/> DEDUCTIBLE					
	RETENTION \$ _____					
B	<b>WORKMAN'S COMPENSATION AND EMPLOYER'S LIABILITY</b>	135791	01/01/2013	01/01/2014	<input checked="" type="checkbox"/> STATUTORY LIMITS	\$
	<input checked="" type="checkbox"/> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT	\$ 500,000
					DISEASE - POLICY LIMIT	\$ 500,000
					DISEASE - EACH EMPLOYEE	\$ 500,000
	<b>OTHER POLLUTION LIABILITY</b>	12345	01/01/2013	01/01/2014	PER CLAIM	\$1,000,000
	<b>IF REQUIRED BY CONTRACT</b>				AGGREGATE	\$ 200,000

# SAMPLE EXHIBIT I

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Project Number and Name. Per project aggregate applies to General Liability Policy. Epic Construction, Inc., the Owner and all other parties as required by contract are named as an Additional Insured on a primary and noncontributing basis. (Please attach copy of Additional Insured form or indicate form number.) Waiver of Subrogation on behalf of Epic Construction, Inc., on the General Liability and Workman's Comp. Endorsement stating 30 day notice of cancellation.

### CERTIFICATE HOLDER

Epic Construction, Inc  
15334 E Hinsdale Cir 1D  
Centennial, CO 80112

### CANCELLATION

**Should any of the above described policies be cancelled before the expiration date thereof, Notice will be delivered in accordance with the policy provisions.**

AUTHORIZED REPRESENTATIVE

**As regards any cancellation provisions of the policies, the Subcontractor must adhere to the following:**

***#1 “As a condition precedent to payment, Subcontractor shall provide Contractor with a certificate of insurance acceptable to Contractor, and, if requested by Contractor, certified copies of the insurance policies. The insurance policies required by this Paragraph shall include an endorsement verifying the Insurance Carrier will provide Contractor with thirty (30) days advance written notice of any cancellation, nonrenewal, or material change in coverage. A copy of the endorsement for each policy shall be provided to Contractor.”***

***#2 “If Subcontractor fails to obtain acceptable cancellation notice endorsements from its insurance carriers, Subcontractor shall assume the contractual responsibility to provide Contractor with the advance written notice required above. To the highest extent permitted by law, Subcontract shall indemnify Contractor for any claim, expenses, or liability which Contractor incurs as the result of the failure of the Subcontractor to provide Contractor with the required advance written notice.”***