

SAMPLE INSURANCE CERTIFICATE



CERTIFICATE OF LIABILITY INSURANCE (Sample) Date (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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 does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown (585) 232-4424 45 East Avenue Rochester, NY 14604		CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ PRODUCER CUSTOMER ID# _____	
PLEASE FORWARD THIS DOCUMENT TO YOUR INS. AGENT		INSURER(S) AFFORDING COVERAGE _____ NAIC# _____	
INSURED <i>Subcontractor / Vendor's Name</i> <i>Address(Sample)</i> <i>Address</i>		INSURER A: ABC COMPANY INSURER B: A RELIABLE INSURANCE CO. INSURER C: A RELIABLE INSURANCE CO. INSURER D: A RELIABLE INSURANCE CO.	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	X	01234567-1	DATE	DATE	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER POLIC Y <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$1,000,000
							GENERAL AGGREGATE \$2,000,000
							PRODUCTS- COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY	X	X	01234567-1	DATE	DATE	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	X	X	01234567-1	DATE	DATE	EACH OCCURRENCE \$5,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$5,000,000
	DEDUCTIBLE \$						
	RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	N/A	X	01234567-1	DATE	DATE	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTHER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER /MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$1,000,000
							E.L. DISEASE - EA EMPLOYEE \$1,000,000
							E.L. DISEASE - POLICY LIMIT \$1,000,000
B	OTHER POLLUTION LIABILITY (REQUIRED for all Hazardous Material Contractors) Asbestos, Lead and Mold Work Site Hazardous Materials Work			7654321-0	DATE	DATE	\$5,000,000 (per occurrence/aggregate)
	PROFESSIONAL LIABILITY (REQUIRED for Design Work or Professional Services)						\$5,000,000 (per occurrence/aggregate)
							\$2,000,000 (per occurrence/aggregate)

PER PROJECT AGGREGATE APPLIES TO GENERAL LIABILITY POLICY. **List of Project Additional Insured**, THEIR AFFILIATES, AND ANY OTHER PARTY NOTED IN THE CONTRACT DOCUMENTS ARE NAMED ADDITIONAL INSURED ON ALL POLICIES INCLUDING ONGOING AND COMPLETED OPERATIONS ON A PRIMARY AND NON-CONTRIBUTING BASIS EXCEPT WORKERS COMPENSATION WITH RESPECT TO JOB/PROJECT **Job - JOB DESCRIPTION**. WORK PERFORMED. SUBCONTRACTOR WAIVES ALL RIGHTS AGAINST «HQOName» AND OWNER, AND THEIR OFFICERS, DIRECTORS AND EMPLOYEES, AGENTS, AFFILIATES, SUCCESSORS, AND ASSIGNS FOR RECOVERY OF LOSSES, EXPENSES OR DAMAGES TO THE EXTENT COVERED BY AVAILABLE INSURANCE. (PLEASE ATTACH COPY OF ADDITIONAL INSURED FORM, ACCEPTABLE FORM CG 20 10 11 85). (Sample - December 2014)

CERTIFICATE HOLDER LeChase Construction Services, LLC 205 Indigo Creek Drive Rochester, NY 14626		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.	
ACORD 25 (2010/05) (Sample)		AUTHORIZED REPRESENTATIVE (Sample) @1988-2010 ACORD CORPORATION. All rights reserved.	

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SAMPLE INSURANCE CERTIFICATE

ENDORSEMENT #

This endorsement, effective 12:01am

Forms a part of policy #:

Issued to:

By: LEXINGTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY PLEASE READ IT CAREFULLY

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS
(FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "Your Work" for that insured by or for you.

Authorized Representative

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