

**SAMPLE CERTIFICATE OF LIABILITY INSURANCE**

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 have ADDITIONAL INSURED provisions or 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  <b>STANDARD INSURANCE REQUIREMENTS</b>	CONTACT NAME:		
	CONTACT PHONE:	FAX:	
	CONTACT E-MAIL		
INSURED Subcontractor/Vendor's Name Address Address	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: ABC INSURANCE COMPANY		#####
	INSURER B:		
	INSURER C:	COMPANIES MUST HAVE AN AM BEST	MUST
	INSURER D:	RATING OF A- OR BETTER AND BE	HAVE FIVE
	INSURER E:	LICENSED TO DO BUSINESS IN THE	DIGIT
	INSURER F:	STATE WHERE PROJECT IS LOCATED	CODE

**COVERAGES CERTIFICATE NUMBER: NYC-0123456789-01 Revision Number: 1**

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 INS	SUBR WVD	POLICY NUMBER	EFF (MM/DD/YYYY)	EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGEGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	Y				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (ANY ONE PERSON) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 PER PROJECT MUST APPLY
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Non-Owned Autos Only	Y	Y	POLICY MUST INCLUDE "ANY AUTO" IF INSURED HAS VEHICLES			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll Deductible \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>IF ANY</b>	Y	Y	LIMITS MAY BE SATISFIED BY A COMBINATION OF PRIMARY & UMBRELLA/EXCESS LAYERS			EACH OCCURRENCE \$ 5000000 AGGREGATE \$ 5000000 \$
A	Workers Compensation and Employers' Liability y/N Any proprietor/Partner/Executive Officer/Member Excluded? N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS: below		Y	STATE OF PROJECT MUST BE LISTED UNDER ITEM 3A OF THE POLICY			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	POLLUTION (IF Required)	Y	Y	POLLUTION POLICY MUST INCLUDE ADDITIONAL INSURED STATUS FOR CONTRACTOR, OWNER & ANY OTHER PARTY PER CONTRACT.			\$ 5,000,000
A	PROFESSIONAL (IF REQUIRED)		Y				\$ 2,000,000 / < \$50k DED

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Additional Remarks Schedule, may be attached if more space is required)**  
**Project:**  
**THE CONTRACTOR, THE OWNER, ANY OTHER PARTY REQUIRED BY THE CONTRACT DOCUMENTS (REFER TO ADDITIONAL REMARKS SCHEDULE FOR SPECIFIC ADDITIONAL INSUREDS), AND THEIR AFFILIATES SHALL BE NAMED AS ADDITIONAL INSURED ON ALL REQUIRED POLICIES (EXCEPT WC & PROFESSIONAL) INCLUDES ONGOING AND COMPLETED OPERATIONS ON A PRIMARY AND NON-CONTRIBUTORY BASIS.**

CERTIFICATE HOLDER	CANCELLATION
LeChase Construction Services, LLC 205 Indigo Creek Rochester, NY 14626	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 <b>SIGNATURE IS REQUIRED</b>

**SAMPLE - ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>STANDARD INSURANCE REQUIREMENTS</b>		Named Insured
POLICY NUMBER		Subcontractor/Vendor's Name Address Address
CARRIER	NAIC CODE	EFFECTIVE DATE: (MM/DD/YYYY)

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO FORM,  
FORM NUMBER: 25 FORM TITLE : CERTIFICATE OF LIABILITY INSURANCE**

**\*\*ALL FORMS MUST BE ATTACHED AND FORM NUMBERS LISTED BELOW\*\***

**ADDITIONAL INSURED**

IN ADDITION TO THE SUBCONTRACT INSURANCE REQUIREMENTS, SUBCONTRACTOR MUST SPECIFICALLY NAME THE FOLLOWING AS ADDITIONAL INSURED ON ALL REQUIRED POLICIES (EXCEPT WC & PROFESSIONAL) INCLUDES ONGOING AND COMPLETED OPERATIONS ON A PRIMARY AND NON-CONTRIBUTORY BASIS:

**LeChase Construction Services, LLC; THEIR AFFILIATES; AND ANY OTHER PARTY REQUIRED BY THE CONTRACT DOCUMENTS.**

**GENERAL LIABILITY**

CG2010 (11/85) OR CG2010 (10/01) WITH CG2037 (10/01) OR THEIR EQUIVALENT

ADDITIONAL INSURED, INCLUDING ON-GOING AND COMPLETED OPERATIONS, ON A PRIMARY AND NON- CONTRIBUTORY BASIS APPLIES PER ATTACHED FORM(S): \_\_\_\_\_

WAIVER OF SUBROGATION APPLIES PER ATTACHED FORM: \_\_\_\_\_

30 DAYS NOTICE PRIOR THE CANCELLATION, NON-RENEWAL AND REDUCTION IN LIMITS (MATERIAL CHANGE) WILL BE MAILED DIRECTLY TO THE CERTIFICATE HOLDER PER ATTACHED FORM: \_\_\_\_\_

**AUTOMOBILE**

ADDITIONAL INSURED ON A PRIMARY BASIS APPLIES PER ATTACHED FORM: \_\_\_\_\_

WAIVER OF SUBROGATION APPLIES PER ATTACHED FORM: \_\_\_\_\_

30 DAYS NOTICE PRIOR THE CANCELLATION, NON-RENEWAL AND REDUCTION IN LIMITS (MATERIAL CHANGE) WILL BE MAILED DIRECTLY TO THE CERTIFICATE HOLDER PER ATTACHED FORM: \_\_\_\_\_

**UMBRELLA/EXCESS**

ADDITIONAL INSURED, INCLUDING ON-GOING AND COMPLETED OPERATIONS, ON A PRIMARY AND NON- CONTRIBUTORY BASIS. **IF EXCESS POLICY DOES NOT COMPLETELY FOLLOW FORM THEN ADDITIONAL INSURED, WAIVER OF SUBROGATION, PRIMARY AND NON- CONTRIBUTORY AND 30 DAYS NOTICE ENDORSEMENTS APPLIES PER ATTCHED FORM(s)** \_\_\_\_\_

30 DAYS NOTICE PRIOR THE CANCELLATION, NON-RENEWAL AND REDUCTION IN LIMITS (MATERIAL CHANGE) WILL BE MAILED DIRECTLY TO THE CERTIFICATE HOLDER PER ATTACHED FORM: \_\_\_\_\_

**WORKERS' COMPENSATION**

WAIVER OF SUBROGATION APPLIES PER ATTACHED FORM: \_\_\_\_\_