

ACORD	CERTIFICATE OF INSURANCE	Issue Date					
PRODUCER Broker Name Address Telephone Number		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.					
INSURED: Subcontractor Address Address		COMPANIES AFFORDING COVERAGE					
		A. Carrier Name Here					
		B.					
		C.					
		D.					
		E.					
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, NOT WITHSTANDING 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 OR SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS		
	GENERAL LIABILITY				GENERAL AGGREGATE	\$2,000,000	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	(Policy Number)	Eff. Date	Exp. Date	PRODUCTS-COMP/OP AGGREGATE	\$1,000,000	
	CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE				PERSONAL & ADV INJURY	\$1,000,000	
	<input checked="" type="checkbox"/> CONTRACTUAL LIABILITY				EACH OCCURRENCE	\$1,000,000	
	<input checked="" type="checkbox"/> PER PROJECT AGGREGATE				FIRE DAMAGE (Any one fire)	\$ 100,000	
					MED EXP (Any one person)	\$ 5,000	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$1,000,000	
A	<input checked="" type="checkbox"/> ANY AUTO	(Policy Number)	Eff. Date	Exp. Date	BODILY INJURY (Per person)		
	ALL OWNED AUTOS				BODILY INJURY (Per Accident)		
	SCHEDULED AUTOS				PROPERTY DAMAGE		
	<input checked="" type="checkbox"/> HIRED AUTOS						
	<input checked="" type="checkbox"/> NON-OWNED						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO				OTHER THAN AUTO ONLY		
					EACH ACCIDENT:	\$	
					AGGREGATE	\$	
A	EXCESS LIABILITY		(Policy Number)	Eff. Date	Exp. Date	EACH OCCURRENCE	\$1,000,000
	UMBRELLA FORM				AGGREGATE	\$1,000,000	
	OTHER THAN UMBRELLA FORM						
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY		(Policy Number)	Eff. Date	Exp. Date	<input checked="" type="checkbox"/> STATUTORY LIMITS	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT	\$1,000,000
						DISEASE - POLICY LIMIT	\$1,000,000
						DISEASE - EACH EMPLOYEE	\$1,000,000
	OTHER						
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS							
ALL OPERATIONS (Or Specific Job Name) OF THE NAMED INSURED ON BEHALF OF THE CERTIFICATE HOLDER. CERTIFICATE HOLDER AND ALL OTHERS REQUIRED BY CONTRACT DOCUMENTS ARE HEREBY NAMED AS ADDITIONAL INSURED (GL/EXCESS) PER THE ATTACHED ENDORSEMENTS.							
CERTIFICATE HOLDER				CANCELLATION			
ROEL CONSTRUCTION CO., INC. 3366 KURTZ STREET SAN DIEGO, CA 92110 - 4440				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT (STRIKEOUT OF WORDING IS REQUIRED)			
				AUTHORIZED REPRESENTATIVE (Signed by Authorized Signature)			

JOB #XXXXX – NAME HERE
SAMPLE ADDITIONAL INSURED ENDORSEMENT

POLICY NUMBER:
GENERAL LIABILITY
INSURED:

COMMERCIAL

**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:

THE PERSON OR ORGANIZATION REFERENCED ON THE ATTACHED CERTIFICATE OF INSURANCE FOR WHOM YOU HAVE SPECIFICALLY AGREED IN WRITING TO PROVIDE ADDITIONAL INSURED STATUS UNDER THIS POLICY.

ROEL CONSTRUCTION CO., INC – (GENERAL CONTRACTOR)

Name Here – (PROPERTY OWNER)

Name Here – (ROEL’S CLIENT, IF NOT THE PROPERTY OWNER)

Name Here – (OTHERS AS REQUIRED BY THE CONTRACT DOCUMENTS)

RE: ROEL JOB #XXXXX – Job Name Here

(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.

PRIMARY INSURANCE: The coverage provided the additional insured is primary and any liability insurance policy where the additional insured is a named insured will be considered excess insurance of any damages covered by this policy, we will not seek contribution from the preceding described excess insurance for our named insured’s liability imputed to this additional insured.

FORMS REQUESTED:

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OR

EQUIVALENT WORDED ADDITIONAL INSURED ENDORSEMENT PROVIDING COMPLETED OPERATIONS PROTECTION FOR ADDITIONAL INSUREDS.