

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 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).

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PRODUCER		CONTACT NAME:				
		PHONE (A/C, No, Ext):	FAX (A/C, No):			
Subcontractor, Design-Builder	er or Consultant Agent/Carrier	E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COVERAGE	NAIC #			
		INSURER A: A.M. Best Rating of A- or higher with				
INSURED		INSURER B: A.M. Best Financial Size Category				
		INSURER C: Class VII or higher				
Subcontractor, Design-Builder	or Consultant Name & Address	INSURER D:				
		INSURER E :				
		INSURER F: www.AMBest.com (Check Financial I	Rating)			
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	ISR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER POLICY EF		POLICY EXP (MM/DD/YYYY)	LIMITS	
	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$
	X CG0001	×	X	POLICY NUMBER			MED EXP (Any one person)	\$
	or equivalent	^	^				PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY			POLICY NUMBER			COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO	Х	Х				BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS	^	^					\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	X CA0001							\$
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE	Х	Х	POLICY NUMBER			AGGREGATE	\$ 5,000,000
	DED RETENTION\$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 500,000
	(Mandatory in NH)		X	POLICY NUMBER			E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000
	Professional Liability Pollution Liability	x	X	Required based on scope, trade, and project requirements			Claim/Agg Occ/Agg	\$2M/\$3M \$2M/\$3M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

All coverages apply to all work sites of the insured. Additional insured coverage is on a Primary and non-contributory basis on General, Auto and Umbrella/ Excess liability policies, including on GL and Excess for claims arising from completed operations. There are no exclusions on any policy for residential work. A Waiver of Subrogation shall apply in favor of the Additional Insured parties on all policies including Worker's Compensation. [PROJECT No. WC-xx-xxx, PROJECT NAME, PROJECT LOCATION] Additional Insured includes: [List project specific additional insured]

CERTIFICATE HOLDER	CANCELLATION
Windover Construction, Inc. 66 Cherry Hill Dr.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Beverly, MA 01915	AUTHORIZED REPRESENTATIVE

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