



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/12/2012

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).

PRODUCER Producer Company Name Producer Street Address Producer City, State Zip	CONTACT NAME:		
	PHONE (A/C, No. Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
		INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED Subcontractor ABC Street or PO Box City, State ZIP	INSURER A : XYZ Insurance Company		NAIC Number
	INSURER B : ABC Insurance Company		NAIC Number
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

## 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/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	Y	Y	Policy Number	Policy Eff Date	Policy Exp Date	EACH OCCURRENCE \$1,000,000 DAMAGES TO RENTED PREMISES(Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG \$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC							
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	Policy Number	Policy Eff Date	Policy Exp Date	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY(Per person) \$ BODILY INJURY(Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	Policy Number	Policy Eff Date	Policy Exp Date	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	Y	Policy Number	Policy Eff Date	Policy Exp Date <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER						

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

List Name of Project Here

It is agreed that Fitts & Goodwin, Inc. is named as Additional Insured under General Liability, including Completed Operations, & Auto Liability as required by Contract. The Subcontractors policies shall be Primary and Non-Contributory as respects work performed on this project. A Waiver of Subrogation shall apply in favor of Fitts & Goodwin, Inc. as respects the General Liability, Auto Liability, and Workers Compensation. Umbrella policy is "follow form" over the General Liability, Auto Liability, and Workers Compensation policies.

30 days Notice of Cancellation (10 for non payment) shall be provided on endorsement IL60350608 or its equivalent.

## CERTIFICATE HOLDER

## CANCELLATION

Fitts & Goodwin, Inc. PO Box 515 Columbia, SC 29202	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

## **SUBCONTRACTOR**

### Instructions for attachments to Accord 25 (2010/05) Certificate of Liability Insurance

The following items should be carefully reviewed and confirmed during the COI review process. Attachments will be required along with the COI.

1. Contractor and/or Owner can be added to the Commercial General Liability and Commercial Auto/Truckers policies as Additional Insured as required by contract.
2. Commercial General Liability Additional Insured provision for Contractor and/or Owner, shall be on ISO forms (or their equivalent):
  - i. CG 2010 (for ongoing operations)
  - ii. CG 2037 (for completed operations)
3. CGL shall be Primary and Non-Contributory in favor of the Contractor and/or Owner.
4. A Waiver of Subrogation shall apply in favor of the Additional Insured(s) with regard to the Commercial General Liability, Commercial Auto/Truckers Coverage and Workers Compensation.
5. COI should specify the Umbrella/Excess policy is “Follow Form” over the CGL, Auto and Work Comp policies.
6. Notice of Cancellation to 3<sup>rd</sup> Party/Designated Entity endorsement should be attached to the COI, which should provide at least:
  - i. 10-days notice of cancellation for non-payment of premium.
  - ii. 30-days notice of cancellation for any other reason.