



CERTIFICATE OF INSURANCE (Sample)

DATE (070506)

PRODUCER

BROWN & BROWN
45 EAST AVENUE
ROCHESTER, NY 14604
585-232-4424

(Sample)

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.

COMPANIES AFFORDING COVERAGE

COMPANY A	ABC COMPANY
COMPANY B	A RELIABLE INSURANCE CO.
COMPANY C	
COMPANY D	

Please forward this document to your Ins. Agent

INSURED

CONTRACTORS NAME
ADDRESS
CITY, STATE, ZIP CODE
ATTN:

(Sample)

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	*01234567-1	DATE	DATE	GENERAL AGGREGATE	\$2,000,000
	COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$2,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$1,000,000
	OWNERS & CONT PROT				EACH OCCURRENCE	\$1,000,000
	POLICY X - PROJECT				FIRE DAMAGE (Any one fire)	\$100,000
					MED EXPENSE (Any one person)	\$5,000
A	AUTOMOBILE LIABILITY	01234567-1	DATE	DATE	COMBINED SINGLE LIMIT	\$1,000,000
	X - ANY AUTO				BODILY INJURY (Per Person)	\$
	X - ALL OWNED AUTOS				BODILY INJURY (Per Accident)	\$
	X - SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	X - HIRED AUTOS					
	X - NON-OWNED AUTOS					
A	GARAGE LIABILITY				AUTO ONLY - EACH ACCIDENT	\$
	ANY AUTO				OTHER THAN AUTO ONLY	\$
					EACH ACCIDENT	\$
					AGGREGATE	\$
A	EXCESS LIABILITY	01234567-1	DATE	DATE	EACH OCCURRENCE	\$5,000,000
	UMBRELLA FORM				AGGREGATE	\$5,000,000
	OTHER THAN UMBRELLA FORM					\$
A	WORKERS COMPENSTION AND EMPLOYERS' LIABILITY	1234567-1	DATE	DATE	STATUTORY LIMITS	
	THE PROPRIETORS				EACH ACCIDENT	\$100,000
	PARTNER/EXECUTIVE OFFICERS				DISEASE - POLICY LIMIT	\$500,000
	ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				DISEASE - EACH EMPLOYEE	\$100,000
B	OTHER: Pollution Liability (REQUIRED for all Mechanical and Asbestos Contractors) Asbestos and Lead Work Mechanical, Mold and Site Hazardous Materials Work (ONLY IF REQUIRED BY LECHASE) Owner's & Contractor's Protective Liability	7654321-0	DATE	DATE	\$5,000,000 (per occurrence/aggregate) \$2,000,000 (per occurrence/aggregate) \$2,000,000 (per occurrence/aggregate)	

PER PROJECT AGGREGATE APPLIES TO GENERAL LIABILITY POLICY. LeCHASE CONSTRUCTION SERVICES, LLC; THE OWNER AND ANY OTHER PARTY NOTED IN THE CONTRACT ARE NAMED ADDITIONAL INSURED INCLUDING ONGOING AND COMPLETED OPERATIONS ON A PRIMARY AND NON-CONTRIBUTING BASIS WITH RESPECT TO JOB/PROJECT _____ (PLEASE ATTACH COPY OF ADDITIONAL INSURED FORM. ACCEPTABLE FORM CG 20 10 11 85). SUBCONTRACTOR WAIVES ALL RIGHTS AGAINST LeCHASE AND OWNER, AND THEIR OFFICERS, DIRECTORS AND EMPLOYEES, FOR RECOVERY OF LOSSES, EXPENSES OR DAMAGES TO THE EXTENT COVERED BY AVAILABLE INSURANCE. (Sample)

LeCHASE CONSTRUCTION SERVICES, LLC
300 TROLLEY BOULEVARD
ROCHESTER, NEW YORK 14606

(Sample)

ACORD 25-S (3/93)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

(Sample)

@ACORD CORPORATION 1993