

Certificate of Liability Insurance

Date (mm/dd/yy)

PRODUCER:	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 by the policies below	
INSURED: Company name	<i>Insurers Affording Coverage</i>	NAIC #
	Insurer A:	
	Insurer B:	
	Insurer C:	
	Insurer D:	
	Insurer E:	

COVERAGES:
 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 aggregate limits shown may have been reduced by paid claims

Insr LTR	Add'l Insr'd	Type of Insurance	Policy Number	Policy Effective Date (mm/dd/yy)	Policy Effective Date (mm/dd/yy)	Limits												
		General Liability <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur Gen'l Aggregate Limit Applies Per: <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Project <input type="checkbox"/> Loc				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Each Occurrence</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>Damages to Rented Premises (each Occurrence)</td><td style="text-align: right;">\$ 50,000</td></tr> <tr><td>Med Exp (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>Personal & Adv Injury</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>General Aggregate</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>Products- Comp/ OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> </table>	Each Occurrence	\$ 1,000,000	Damages to Rented Premises (each Occurrence)	\$ 50,000	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
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		Automobile Liability <input checked="" type="checkbox"/> Any auto <input type="checkbox"/> All owned autos <input type="checkbox"/> Scheduled autos <input checked="" type="checkbox"/> Hired autos <input checked="" type="checkbox"/> Non-owned autos				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Combined Single Limit (Each Accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>Bodily Injury (Per Person)</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Bodily Injury (Per Accident)</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Property Damage (Per Accident)</td><td style="text-align: right;">\$ -</td></tr> </table>	Combined Single Limit (Each Accident)	\$ 1,000,000	Bodily Injury (Per Person)	\$ -	Bodily Injury (Per Accident)	\$ -	Property Damage (Per Accident)	\$ -				
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		Garage Liability <input type="checkbox"/> Any Auto				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Auto Only - Each Accident</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Other than Ea Acc</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Auto Only Agg</td><td style="text-align: right;">\$ -</td></tr> </table>	Auto Only - Each Accident	\$ -	Other than Ea Acc	\$ -	Auto Only Agg	\$ -						
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		Excess / Umbrella Liability <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible \$ - Retention \$ -				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Each Occurrence</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>Aggregate</td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	Each Occurrence	\$ 1,000,000	Aggregate	\$ 1,000,000								
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		Workers' Compensation and Employers' Liability Any Proprietor/ Partner/ Executive Officer/ Member Excluded? If yes, describe under Special Provisions below				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>(X) WC Statutory Limits</td><td></td></tr> <tr><td>Each Accident</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>Disease - Each Employee</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>Disease - Policy limit</td><td style="text-align: right;">\$ 500,000</td></tr> </table>	(X) WC Statutory Limits		Each Accident	\$ 100,000	Disease - Each Employee	\$ 100,000	Disease - Policy limit	\$ 500,000				
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		Other:																

Description of operations / locations / exclusions added by endorsement / Special Provisions

Project Name: _____
 McKimley Building Corporation & _____ (Owners Name) are named as **Additional Insured** on the General Liability, Automobile Liability, and Excess Liability. Workers' Compensation and Employers Liability shall contain **waiver of subrogation** in favor of Certificate holder. The Insurance evidenced by this certificate shall be **primary and non-contributory** to any other insurance of the certificate holder.

CERTIFICATE HOLDER: Insured Name Address	CANCELLATION: Should any of the above described policies be cancelled before the expiration date thereof, The issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agent or representatives. Authorized Representative:
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