

SECTION H

CERTIFICATE OF INSURANCE

CERTIFICATE OF INSURANCE

TO: _____ Date _____

NAME OF PROJECT: _____

PROJECT NUMBER: _____

THIS IS TO CERTIFY THAT _____

(Name and Address of Insured)

is, at the date of this certificate, insured by this Company with respect to the business operations hereinafter described, for the type of insurance and in accordance with the provisions of the standard policies used by this Company, and further hereinafter described. Exceptions to standard policy noted on reverse side hereof.

TYPE OF INSURANCE

	Policy No.	Effective	Expires	Limits of Liability
Workers' Compensation				
Comprehensive General Liability Insurance (Public Liability)				Bodily Injury Each Occurrence:\$ _____ Property Damage, Each Occurrence:\$ _____
Blasting				Each Occurrence:\$ _____
Collapse of Buildings or structures adjacent to excavations				Each Occurrence:\$ _____
Damage to Underground Utilities				Each Occurrence:\$ _____
Builder's Risk				
Comprehensive Automobile Liability				Bodily Injury, Each Person: \$ _____ Each Occurrence:\$ _____ Property Damage, Each Occurrence:\$ _____
Contractual Liability				Bodily Injury, Each Occurrence:\$ _____ Property Damage, Each Occurrence:\$ _____
Other				

Locations Covered: _____
Description of operations covered: _____

The above policies either in the body thereof or by appropriate endorsement provide that they may not be changed or cancelled by the insurer in less than five (5) days after the insured has received written notice of such change or cancellation.

Where applicable, local laws or regulations require more than five days actual notice of change or cancellation to be assured, the above policies contain such special requirements, either in the body thereof or by appropriate endorsement thereto attached.

Agency: _____

Agent: _____

Address: _____

By: _____

Title: _____