

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).									
PRODUCER					CONTACT NAME:				
Ingunango Agont Namo					PHONE FAX (A/C, No, Ext): (A/C, No):				
Insurance Agent Name				E-MAIL	E-MAIL ADDRESS:				
					INS	URER(S) AFFO	RDING COVERAGE	NAIC #	
					INSURERA: Insurance Carrier #				
INSURED					RB:				
Subcontractors Name				INSURE	INSURER C :				
and Address					INSURER D :				
					INSURER E :				
COVERAGES CERTIFICATE NUMBER:					INSURER F : 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 S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$ 1,0	000,000	
	x	x	Policy #		Eff	Exp		000,000	
<u>x Per Proj Agg</u>			Required		Date	Date		000	
								000,000	
				1				<u>000,000</u> 000,000	
	1			l l			PRODUCTS - COMP/OP AGG \$ 2,	500,000	
AUTOMOBILE LIABILITY							CONTRINED RIVER LIMIT	000.000	
	x		Policy #		Eff	Exp	(Ea accident) ³ 1, BODILY INJURY (Per person) \$	000,000	
ALL OWNED SCHEDULED			Required		Date	Date	BODILY INJURY (Per accident) \$		
AUTOS AUTOS X HIRED AUTOS AUTOS							PROPERTY DAMAGE \$		
							\$		
UMBRELLA LIAB OCCUR			Policy #		Eff	Exp	EACH OCCURRENCE \$ 5,0	000,000	
EXCESS LIAB CLAIMS-MADE	x		Required		Date	Date	AGGREGATE \$ 5,0	000,000	
DED RETENTION \$			Kequired		Date	Ducc	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			Policy #		Eff	Exp	X STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	x			Date	Date		000,000	
(Mandatory in NH)			110 10 10 100		Date	Ducc	E.L. DISEASE - EA EMPLOYEE \$ 1,		
If yes, describe under DESCRIPTION OF OPERATIONS below						,	E.L. DISEASE - POLICY LIMIT \$ 1,	000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) "Project Name & Location" Keenan Honkins Schmidt & Stowell Contractors Inc. it's directors officers & employees the "General Contractor" and "Owner" are included as									
"Project Name & Location" Keenan Hopkins Schmidt & Stowell Contractors, Inc., it's directors, officers & employees, the "General Contractor" and "Owner" are included as additional insured with respects to general liability including ongoing and completed operations as required by written contract. Coverage is primary and non-contributory.									
Waiver of Subrogation applies in favor of Keenan Hopkins Schmidt & Stowell Contractors, Inc. with respects to general liability and workers compensation as required by written contract. 30 Days Notice of Cancellation applies to all coverages.									
CERTIFICATE HOLDER					CANCELLATION				
Keenan Hopkins Schmidt & Stowell Contractors, Inc 5422 Bay Center Drive, Suite 200 Tampa, FL 33609					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				
					must be live signature				
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Note: if subcontract is with KHS&S Contractors of New Jersey, Inc. replace the legal name in the COI. GMS