

PRODUCER

XYZ Insurance Agency
1000 E. Grand
Example, USA 80000
Phone (000) 000-0000

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
LETTER Reputable Insurance Co.

COMPANY B
LETTER

COMPANY C
LETTER

COMPANY D
LETTER

COMPANY E
LETTER

INSURED

ABC Subcontractor
2000 W. Grand
Anywhere, USA 90000
Phone (111) 111-1111

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$1,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV.INJURY \$ 10,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURANCE \$1,000,000
	<input checked="" type="checkbox"/> PER PROJECT AGGREGATE				FIRE DAMAGE (Any one fire) \$1,000,000
					MED. EXPENSE (Any one person) \$1,000,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per Person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				
	<input checked="" type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				PROPERTY DAMAGE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$As Needed
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$Per Contract
	OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION				STATUTORY LIMITS EACH ACCIDENT \$ 100,000
	<input checked="" type="checkbox"/> AND				DISEASE-POLICY LIMIT \$ 500,000
	EMPLOYERS' LIABILITY				DISEASE-EACH EMPLOYEE \$ 100,000
	OTHER				

SAMPLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RE: For all work done for Hy-Vee Const . Waiver of Subrogation for Worker's Compensation in favor of the Owner of the project and Hy-Vee Construction-----Hy-Vee, Inc. and Hy-Vee Construction are to be named as an additional insured on a primary, non-contributory basis per ISO CG 2010-1985 or its equivalent (can use CG2010 10-93 plus CG2037 10-01) with respects to the General Liability coverage.

CERTIFICATE HOLDER

Hy-Vee Construction
5820 Westown Pkwy
West Des Moines, IA 50266

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE