

**ACORD**

**CERTIFICATE OF INSURANCE**

ISSUE DATE (MM/DD/YY)

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"/>	<b>PER PROJECT AGGREGATE</b>				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, L.C. -----Hy-Vee, Inc. and Hy-Vee Construction, L.C., 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, L.C.  
5605 N. E. 22<sup>nd</sup> Street  
Des Moines, IA 50313

**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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".