

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

PRODUCER

INSURANCE CARRIER INFORMATION

123 ANY STREET
ANY TOWN, ANY STATE 12345

INSURED'S (SUBCONTRACTOR) INFORMATION

123 ANY STREET
ANY TOWN, ANY STATE 12345

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION OF INFORMATION THE CERTIFICATE END, EXTEND OR POLICIES BELOW.

This must list a carrier name & address in order to be a valid certificate.

INSURERS AFFORDING COVERAGE

INSURER A:	35637-000
INSURER B:	19682-001
INSURER C:	19704-001

This must list the subcontractors name & address in order to be a valid certificate.

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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> \$5,000 OCCUR DED GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	{ POLICY # MUST BE LISTED HERE }	06/01/15	06/01/16	EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
			MUST COVER DATES WORKED & INVOICE DATE		You must carry a minimum of \$1,000,000.00 in coverage.
B	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				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	{ POLICY # MUST BE LISTED HERE }	06/01/15	06/01/16	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C			MUST COVER DATES WORKED & INVOICE DATE		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

DOTY & ASSOCIATES, INC. IS LISTED AS ADDITIONAL INSURED WITH RESPECT TO GENERAL LIABILITY
OR
CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED WITH RESPECT TO GENERAL LIABILITY.

CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER:

DOTY & ASSOCIATES, INC.
5960 CROOKED CREEK ROAD, SUITE 120
PEACHTREE CORNER, GA 30092

OUR NAME & ADDRESS MUST APPEAR HERE TO BE VALID!

RELATION FOR NON-PAYMENT OF PREMIUM
 CANCELLED BEFORE THE EXPIRATION
 WILL ENDEAVOR TO MAIL 60 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 AGENTS OR
 REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Signature]

RIDER "A"

INSURANCE REQUIREMENTS
PART OF SUBCONTRACTOR'S AGREEMENT

"CONTRACTOR"

INSURANCE – The subcontractor shall maintain during the progress of the Work, and if required to return during the warranty period, insurance with the minimum limits and coverages as shown below or, if higher, the requirements set forth in prime contract documents from an insurance company rated no less than "A-VII" per AM Best Insurance ratings:

- (A) WORKERS COMPENSATION meeting the statutory requirements of the State in which the work is to be performed and containing Employers Liability insurance in an amount of \$500,000 for each insured limit. A **waiver of subrogation** in favor of "CONTRACTOR" shall be provided.
- (B) COMMERCIAL GENERAL LIABILITY insurance providing limits of \$1,000,000 each occurrence and \$2,000,000 aggregate (**Per Project**). The policy must include "CONTRACTOR" and "Owner" as an additional insured **and others if required in a prime contract**. Coverage provided for the additional insureds shall be on a **primary and noncontributory basis**. Coverage must include **premises/operations, independent contractors, products/completed operations and contractual liability**. Coverage shall be provided on the latest edition of ISO Form CG 0001 or equivalent (General Liability) and ISO Forms **CG 2010 07/04 and CG 2037 07/04 or equivalent (Additional Insured)**. A **waiver of subrogation** in favor of **additional insureds** shall be provided. **Copies of the endorsements shall be attached and form numbers must be displayed on the certificate.**
- (C) COMMERCIAL AUTOMOBILE LIABILITY insurance providing coverage on all owned, non-owned and hired vehicles with limits and endorsements equal to (B) above (\$1,000,000 combined single limit).
- (D) EXCESS/UMBRELLA LIABILITY insurance providing limits of \$1,000,000 with following form coverage as that provided by underlying policies. Any deductible or SIR should be noted.
- (E) POLLUTION LIABILITY INSURANCE: The following trades are to have a pollution liability insurance policy with the limits described in the attached certificate of insurance:
Painting - Asphalt - Paving - Roofing - Carpet - HVAC - Masonry – Electrical - Plumbing
The Pollution Liability Policy must have a Mold/ Fungi Endorsement indicating that mold/fungi coverage is afforded under the policy and if this is provided by sub-limits, the sub-limit must be shown. If a deductible applies, this must also be shown.
- (F) A certificate of insurance, on an approved form, must be delivered to "CONTRACTOR" prior to commencing the work and must state that coverage will not be altered, cancelled or allowed to expire without **30 days written notice** to "CONTRACTOR". Copies of requested endorsements must be attached.
- (G) It is agreed that the subcontractor shall purchase and maintain property insurance for material and equipment used on the jobsite. It is further agreed that the subcontractor shall have **no recourse** or rights of subrogation for loss or damage to any such property from "CONTRACTOR" or any other party to the prime contract.
- (H) **Equivalent insurance coverage must be obtained from each of your subcontractors or suppliers**, if any, before permitting them on any job site. Otherwise, their protection must be included within your insurance policies.
- (I) It is understood and agreed that authorization is hereby granted to "CONTRACTOR" to withhold payments to the subcontractor until a properly executed certificate of insurance is delivered.
- (J) Subcontractor agrees to maintain the above insurance for the benefit of "CONTRACTOR" and the Owner for a **period of two years** or the expiration of the statute of limitations, whichever is greater.

Contractor Initials