

ACORD

CERTIFICATE OF INSURANCE – “Exhibit A”

DATE (MM/DD/YY)
DATE

PRODUCER

SAMPLE CERTIFICATE

Insurance Agency
Name & AddressTHIS 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 A Insurance Company

INSURED

SAMPLE CERTIFICATE

Subcontractor name & complete address

COMPANY

B B Insurance Company

COMPANY

C

COMPANY

D

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 TO PAY CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	1234567	DATE	DATE	GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONT PROT				EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/>				FIRE DAMAGE (Any one fire)	\$ 50,000
	<input checked="" type="checkbox"/> Per project Agg.				MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/>					
A	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	\$
	<input type="checkbox"/>				EACH ACCIDENT	\$
	<input type="checkbox"/>				AGGREGATE	\$
A	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
B	WORKMAN'S COMPENSATION AND EMPLOYER'S LIABILITY	1234567	DATE	DATE	<input checked="" type="checkbox"/> STATUTORY LIMITS	\$
	<input checked="" type="checkbox"/> INCL				EACH ACCIDENT	\$ 500,000
	<input type="checkbox"/> EXCL				DISEASE - POLICY LIMIT	\$ 500,000
	3A States: List all here List any excluded officers/members				DISEASE - EACH EMPLOYEE	\$ 500,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

For any and all work performed for ACE Corporation during the policy period, ACE Corporation, the General Contractor, Owner and Architect are a primary and non-contributing additional insured for ongoing and completed operations on all liability policies, except workers compensation, when required by written contract. A waiver of subrogation applies as required by written contract. *except 10 days for non-payment of premium

CERTIFICATE HOLDER

ACE Corporation
125 John Roberts Road, Suite 6
South Portland, ME 04106

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE