

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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER -- Insurance Agency Name -- -- Address -- -- Address -- -- Address --	CONTACT NAME: -- Contact Name --
	PHONE (A/C, No, Ext): -- Phone #-- FAX (A/C, No): -- Fax # --
	E-MAIL ADDRESS: -- Email Address --
	INSURER(S) AFFORDING COVERAGE
	INSURER A : -- Insurance Company Name -- -- # --
	INSURER B : -- Insurance Company Name -- -- # --
	INSURER C : -- Insurance Company Name -- -- # --
	INSURER D : -- Insurance Company Name -- -- # --
	INSURER E : -- Insurance Company Name -- -- # --
	INSURER F : -- Insurance Company Name -- -- # --

COVERAGES CERTIFICATE NUMBER: 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	-- Number --	-- Date --	-- Date --	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	-- Number --	-- Date --	-- Date --	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$0	X	X	-- Number --	-- Date --	-- Date --	EACH OCCURRENCE \$2,000,000 AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	-- Number --	-- Date --	-- Date --	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Riggers Liability Pollution Liab Professional Liab	X	X	-- Number -- -- Number -- -- Number --	-- Date -- -- Date -- -- Date --	-- Date -- -- Date -- -- Date --	Limit: TBD-Ded: \$1,000 \$1,000,000/\$2,000,000 \$1,000,000/\$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

---SAMPLE SUBCONTRACTOR CERTIFICATE---

Re: A M King Job Number, Project Name, and Project Address.

A M King Construction Co. LLC, owner, and any other party required by contract are Additional Insureds on general liability including ongoing and completed operations, pollution liability, and professional liability coverages as required by written contract/agreement per forms #CG2010 & CG2037 or their (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
A M King Construction Co, LLC Attn: Donna Morris 1610 East Morehead St, Ste 200 Charlotte, NC 28207	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 Signature Required

DESCRIPTIONS (Continued from Page 1)

equivalent on a primary & non-contributory basis.

Waiver of Subrogation is provided in favor of A M King Construction Co. LLC, owner, and any other party required by contract on general liability, automobile liability, pollution liability, professional, and workers compensation coverages as required by written contract/agreement.

If any officer is excluded from workers compensation coverage then this needs to be shown in the description section of the certificate.

Umbrella or Excess Liability coverage follows form of underlying general liability, automobile liability, and employers liability coverages provided by policy forms, endorsements, conditions, and exclusions.

30 Days Notice of Cancellation, Non Renewal, and/or Material Change will be provided to the certificate holder except for non payment to which (15) days notice applies when required by written contract/agreement.

SAMPLE