## ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/14/2013

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 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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
ABC Agency, Inc.	PHONE FAX (A/C, No, Ext): (A/C, No):	
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: ABC Insurance Company	
INSURED	INSURER B: WC Insurance Company	
Sub/Contractor Name/Address	INSURER C:	
	INSURER D:	
"SAMPLE CERTIFICATE REQUIREMENTS"	INSURER E :	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: SAMPLE SUB CERT 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.

POLICY FEE | POLICY FYP

TYPE OF INSURANCE			POLICY NUMBER POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
GENERAL LIABILITY  Y COMMEDIAL GENERAL LIABILITY			ABC0001 06/01/2013	06/01/2014	EACH OCCURRENCE DAMAGE OF THE PROPERTY OF T	\$	1,000,000 100,000	
CLAIMS-MADE X OCCUR	X					MED EXP (Any one person)	\$	5,000
		X			PERSONAL & ADV INJURY	\$	1,000,000	
						GENERAL AGGREGATE	\$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	2,000,000	
POLICY X PRO- JECT LOC						\$		
AUTOMOBILE LIABILITY			<i>ABC0002</i> 06/01/2013	06/01/2014	(Ea accident)	\$	1,000,000	
X ANY AUTO	X				BODILY INJURY (Per person)	\$		
AUTOS AUTOS					` '	\$		
X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
						\$		
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$		
DED RETENTION\$						\$		
AND EMPLOYEDELLIABILITY			<i>WC0001</i> 06/01/2013	06/01/2014	X WC STATU- TORY LIMITS ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	STATE WHERE JOB	STATE WHERE JOB DONE		E.L. EACH ACCIDENT	\$	500,000	
(Mandatory in NH)	. انتنار	N/A	^			E.L. DISEASE - EA EMPLOYEE	\$	500,000
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	500,000	
	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- JECT LOC  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS  X HIRED AUTOS X NON-OWNED AUTOS  VIMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- JECT LOC  AUTOMOBILE LIABILITY  X ANY AUTO  ALL OWNED AUTOS  X HIRED AUTOS X NON-OWNED AUTOS  X HIRED AUTOS X NON-OWNED  EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MBER EXCLUDED? ((Mandatory in NH)) If yes, describe under DESCRIPTION OF OPERATIONS below	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS AUTOS  Y HIRED AUTOS  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH)) If yes, describe under DESCRIPTION OF OPERATIONS below	GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- LOC  AUTOMOBILE LIABILITY  X ANY AUTO  ALL OWNED AUTOS  AUTOS  AUTOS  UMBRELLA LIAB OCCUR  EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION  AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RIMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  AUTOS  N/A  X  X  X  X  X  X  X  X  X  X  X  X  X	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS  X HIRED AUTOS  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X X  X X  ABCOOO1 06/01/2013 06/01/2014 EACH OCCURENCE DAMAGE TO RENTED PREMISES (Ea occurrence)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG  POLICY X PEO LOC  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS AUTOS AUTOS AUTOS AUTOS X NON-OWNED AUTOS X NON-OWNED AUTOS X NON-OWNED EXCESS LIAB  OCCUR EXCESS LIAB	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X X  X X  ABCOOO1 06/01/2013 06/01/2013 06/01/2014 EACH OCCURRENCE STANGE TO TRENTED  PREMISES (Lea occurrence) \$  MED EXP (Any one person) \$  PERSONAL & ADV INJURY \$  GENERAL AGGREGATE \$  PRODUCTS - COMPIOP AGG \$  COMMINED SINGLE LIMIT (Cla accident) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  BODILY INJURY (	

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

Project Name: (Insert Project Name)

- CertificateHolder is

additional insured for General Liability & Auto Liability per written contract and are written on a Primary and Non-Contributory basis. Waiver of Subrogation applies in favor of CertHolder for General Liability, Auto Liab and Workers Compensation. A 30 Day notice of Cancellation applies to CertHolder per attached endt.

Harrell Construction Co. Inc. and	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Harrell Construction of Ga, Inc. 4185 Sunbeam Road Bldg 200	AUTHORIZED REPRESENTATIVE
Jacksonville, FL 32257	

CANCELLATION

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CERTIFICATE HOLDER