



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: JC

DATE (MM/DD/YYYY)

01/28/11

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 | Insurance Agency Name         | CONTACT NAME:                 |                           |
|          | Address                       | PHONE (A/C, No, Ext):         | FAX (A/C, No):            |
|          |                               | E-MAIL ADDRESS:               |                           |
|          |                               | PRODUCER CUSTOMER ID #:       |                           |
|          |                               | INSURER(S) AFFORDING COVERAGE | NAIC #                    |
| INSURED  | Subcontractor Name<br>Address | INSURER A:                    | A- or Better by A.M. Best |
|          |                               | INSURER B:                    | A- or Better by A.M. Best |
|          |                               | INSURER C:                    |                           |
|          |                               | INSURER D:                    |                           |
|          |                               | INSURER E:                    |                           |
|          |                               | INSURER F:                    |                           |

**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        | <b>GENERAL LIABILITY</b>   | X         | X        | POLICY NUMBER |                         |                         | EACH OCCURRENCE \$ <b>1,000,000</b>                              |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b>       |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                           |           |          |               |                         |                         | MED EXP (Any one person) \$ <b>5,000</b>                         |
|          | <input checked="" type="checkbox"/> Contractual Liab.  |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                        |
|          | <input checked="" type="checkbox"/> XCU Included   |           |          |               |                         |                         | GENERAL AGGREGATE \$ <b>2,000,000</b>                            |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |           |          |               |                         |                         | PRODUCTS - COMPI/OP AGG \$ <b>2,000,000</b>                      |
|          | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC |           |          |               |                         |                         | \$   |
| A        | <b>AUTOMOBILE LIABILITY</b>  |           |          | POLICY NUMBER |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>          |
|          | <input checked="" 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 (Per accident) \$                                |
|          | <input type="checkbox"/> HIRED AUTOS   |           |          |               |                         |                         | \$   |
|          | <input type="checkbox"/> NON-OWNED AUTOS   |           |          |               |                         |                         | \$   |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>   |           |          | POLICY NUMBER |                         |                         | EACH OCCURRENCE \$ <b>1,000,000</b>                              |
|          | <input type="checkbox"/> EXCESS LIAB   |           |          |               |                         |                         | AGGREGATE \$   |
|          | <input type="checkbox"/> OCCUR   |           |          |               |                         |                         | Excess of \$   |
|          | <input type="checkbox"/> CLAIMS-MADE   |           |          |               |                         |                         | <b>GL,AL,WC</b> \$   |
|          | DEDUCTIBLE   |           |          |               |                         |                         | <input checked="" type="checkbox"/> WC STATUTORY LIMITS   OTH-ER |
|          | RETENTION \$   |           |          |               |                         |                         | E.L. EACH ACCIDENT \$ <b>500,000</b>                             |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |           | Y / N    | POLICY NUMBER |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b>                     |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                              |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>                    |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |               |                         |                         |  |

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

Project Name from Subcontract Agreement  
The Certificate Holder and Owner are named as Additional Insureds with respects to General Liability for claims arising out of its work for both ongoing and completed operations (Attach Endorsement CG 20 10 11 85 or equivalent). A Waiver of Subrogation is in favor of the Certificate Holder and the Owner with respects to General Liability and Workers Compensation with respects to General Liability and Workers Compensation. The Umbrella Liability follows form. Insurance of subcontractor shall be primary and non-contributory to the insurance maintained by the Certificate Holder.

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| <b>J. Raymond Construction</b><br>465 West Warren Avenue<br>Longwood, FL 32750 | <b>JRAYMO3</b>   |
|  | 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 _____  |  |
| Authorized Representative Signature  |  |

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