

SAMPLE PACKET

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

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.									ES
IMPORTANT: If the certificate holder				policy(	ies) must be	endorsed.	If SUBROGATION IS WA	VED. subiect	to
the terms and conditions of the policy,	certa	ain p	olicies may require an en						
certificate holder in lieu of such endors	seme	nt(s).	-	CONTA	ст				
PRODUCER					NAME: PHONE FAX				
Agent or Broker Name					(A/C, No, Ext): (A/C, No): E-MAIL				
License # Address					ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #				
City, Street, Zip				INSURER A : With Min AM Best of A-VIII or Better				NAIC	#
INSURED					INSURER B :				
Subcontractor Name					INSURER C :				
Address					INSURER D :				
City, Street, Zip					INSURER E :				
					INSURER F :				
COVERAGES CER	TIFIC	CATE	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.								lis	
INSR TYPE OF INSURANCE	ADDL	SUBR		DECINI	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
GENERAL LIABILITY	INSR	VVVD	FOLIGT NUMBER		(אווא) (אווא) (אווא) (אווא)	(אוזזיוטט אוויא)	EACH OCCURRENCE \$	; 1,000	0,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	5	
							MED EXP (Any one person) \$	5	
X Show Deductibles	X	Y	Show Valid Policy Number	ər			PERSONAL & ADV INJURY \$	; 1,000	),000
							GENERAL AGGREGATE	2,000	),000
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$		),000
							S COMBINED SINGLE LIMIT		
							(Ea accident) \$		1,000
ANY AUTO	x	Y	Show Valid Policy Numbe	ər			BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$		
AUTOS AUTOS NON-OWNED AUTOS		'		51			PROPERTY DAMAGE		
HIRED AUTOS AUTOS							(Per accident)		
							EACH OCCURRENCE \$	, As requ	uired
EXCESS LIAB	X	Y	Show Valid Policy Number	ər			AGGREGATE \$	, As requ	uired
DED RETENTION \$							Ş	;	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	Y	Show Valid Policy Numbe	ər			E.L. EACH ACCIDENT \$		
(Mandatory in NH) If yes, describe under		-					E.L. DISEASE - EA EMPLOYEE \$		,
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	; 1,000	1,000
Any other coverage required by contract									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ttach /	ACORD 101, Additional Remarks	Schedule	, if more space is	required)	1		+
Re: Project Description/Number or Blanket	Loca	ation							
Certificate holder and Owner are named for General Liability per form XXXX atta Liability & Workers' Compensation Insu	ched	; Aut	o Liability additional insu	non-co ured pe	ontributory w er form XXX>	vording, com Kattached. V	pleted operation, and on- Vaivers of subrogation ap	going operation ply to Genera	ons เI
30 days notice of cancellation and 10 days	notic	e of n	non-payment of premium p	rovided	to the Certifi	cate Holder.			
CERTIFICATE HOLDER				CANCELLATION					
MIK Construction, Inc. 8022 Westman Ave. Whittier, CA 90606				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Windsi, 0730000			AUTHORIZED REPRESENTATIVE						
				AUTHORIZED SIGNATURE REQUIRED					

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - **1.** Your acts or omissions; or
  - **2.** The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above. **B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED – OWNERS, LESSEES OR **CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

# PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

#### COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

#### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following: COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

### Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV – COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. WAIVER OF TRANSFER RIGHTS OF RECOVERY AGAINST OTHERS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM TRUCKERS COVERAGE FORM

### SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.

We waive any right of recovery we may have against the person or organization shown in the Schedule because of payments we make for the injury or damage. This injury or damage must arise out of your activities under a contract with that person or organization. the waiver applies only to the person or organization shown in the Schedule.

# SAMPLE

### WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

WC 04 03 06 (Ed. 4-84)

### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT— CALIFORNIA

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement No.

(DATE)

This endorsement, effective on

at 12:01 A.M. standard time, forms a part of

Policy No. Show Valid Policy Number

of the

issued to

Premium (if any) \$

Authorized Representative

(NAME OF INSURANCE COMPANY)

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be mium otherwise due on such remuneration.

% of the California workers' compensation pre-

Schedule

Person or Organization

As required by those entities with whom the named insured executes a written contract.

As per written contract

**Job Description**