



# 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.

**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).

<b>PRODUCER</b>  <b>RISK TYPE D</b>  <b>KNUTSON CONSTRUCTION SAMPLE CERTIFICATE</b>  <b>Requirements for L&amp;M /Professional Services Contracts</b>	CONTACT NAME: <b>PRODUCER NAME</b>	
	PHONE (A/C No. Ext): <b>XXX-XXX-XXXX</b>	FAX (A/C No): <b>XXX-XXX-XXXX</b>
	E-MAIL ADDRESS: <b>EMAIL</b>	
	PRODUCER CUSTOMER ID #:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  <b>SUBCONTRACTOR/VENDOR NAME</b> <b>ADDRESS</b> <b>CITY STATE ZIP</b>	INSURER A: <b>A. M. Best Rating of "A-" or better</b>	
	INSURER B: <b>A. M. Best Rating of "A-" or better</b>	
	INSURER C: <b>A. M. Best Rating of "A-" or better</b>	
	INSURER D: <b>A. M. Best Rating of "A-" or better</b>	
	INSURER E: <b>A. M. Best Rating of "A-" or better</b>	
	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/YY)	POLICY EXP (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> _____  General Aggregate Limit applies per: <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Project <input type="checkbox"/> Loc	Y	Y	#####	12/01/XX	12/01/XX	General Aggregate \$ 1,000,000 Products-Comp Ops Agg \$ 1,000,000 Personal & Adv. Injury \$ 1,000,000 *Each Occurrence \$ 1,000,000 Fire Damage (any one fire) \$ 100,000 Med Exp(any one person) \$ 5,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> Any Auto(1) <input type="checkbox"/> All Owned Autos(A) <input type="checkbox"/> Scheduled Autos(B) <input type="checkbox"/> Hired Autos(C) <input type="checkbox"/> Non-Owned Autos(D) If not 1, then either A,C,D or B,C,D			#####	12/01/XX	12/01/XX	Combined Single Limit \$ 1,000,000 Bodily Injury (per person) \$ Bodily Injury (per accident) \$ Property Damage \$ \$ \$
C	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> Umbrella Form <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Other <input type="checkbox"/> CLAIMS-MADE	Y		#####	12/01/XX	12/01/XX	*Each Occurrence \$ 4,000,000 Aggregate \$ 4,000,000
D	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>  Officers Are: Incl [ X ] Excl [ ]	N/A	Y	#####	12/01/XX	12/01/XX	X   Statutory Limits Each Accident \$ 500,000 Disease – Policy Limit \$ 500,000 Disease – Each Employee \$ 500,000
E	<b>CONTRACTORS POLLUTION ****</b> <input checked="" type="checkbox"/> Occurrence Coverage ****Required for Sitework, Thermal and Moisture Protection, Doors & Windows, Mechanical Contractors			#####	12/01/XX	12/01/XX	\$ 1,000,000 Each Pollution Incident \$ 1,000,000 Aggregate/Year
F	<b>PROFESSIONAL LIABILITY ****</b> <input checked="" type="checkbox"/> Claims Made Coverage ****Required for Professional Services Contracts and Design/Build			#####	12/01/XX	12/01/XX	\$ 1,000,000 Each Claim \$ 1,000,000 Aggregate

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

\*Note: Any combination of General Liability and Excess/Umbrella equal to or greater than \$5m is considered compliant.

The Certificate Holder (Knutson Construction Services) and Owner are added as Additional Insured to the above referenced General Liability policy (including coverage for completed operations) and the Excess Liability policy. Such insurance provided to Additional Insured shall be primary insurance and not contributing or excess and covers all projects performed on behalf of Knutson Construction Services under a written contract.

Note: If paragraph above is not included in its entirety, you must submit copies of ISO CG 2037 0704(Completed Operations) and CG 2010 0704 (Premise) OR THEIR EQUIVELANTS.

<b>CERTIFICATE HOLDER</b>  <b>Knutson Construction</b> <b>2351 Scott Blvd. SE</b> <b>Iowa City, IA 52240</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCD WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
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