



# 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>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>INSURED</b>  <b>SUBCONTRACTOR/VENDOR NAME</b> <b>ADDRESS</b> <b>CITY STATE ZIP</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</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

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.

Any person or organization to whom or to which Subcontractor is required to provide additional insured status in the General Contract or by the Contract Documents are hereby included as additional insured's by Subcontractor on the general liability and excess liability. General Liability to be provided on a primary and non-contributory basis.

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 EQUIVELENTS

<b>CERTIFICATE HOLDER</b>  Knutson Construction Insurance Compliance PO Box 12010 – KN Hemet, CA 92546-8010	<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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