

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
Current Date

PRODUCER Agent's Name Agent's Street Address Agent's City State Zip Phone: (123) 456-7890 Fax: (123) 456-7899	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. INSURERS AFFORDING COVERAGE INSURER A: Insurance Company A INSURER B: Insurance Company B INSURER C: Insurance Company C INSURER D: Insurance Company D INSURER E:
INSURED Subcontractor's Name Subcontractor's Mailing Address	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																								
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	C1042994692	11/01/xx	11/01/xy	EACH OCCURRENCE \$1,000,000																								
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG \$2,000,000																								
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	C1042994708	11/01/xx	11/01/xy	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000																								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$																								
B	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	EXAMPLE			EACH OCCURRENCE \$ AGGREGATE \$ \$ \$																								
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	4159437	11/01/xx	11/01/xy	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><input checked="" type="checkbox"/></td> <td style="width:15%;">WC STATU-TORY LIMITS</td> <td style="width:5%;"></td> <td style="width:10%;">OTH-ER</td> <td style="width:15%;"></td> <td style="width:55%;"></td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> <td></td> <td>\$500,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE-EA EMPLOYEE</td> <td></td> <td></td> <td></td> <td>\$500,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE-POLICY LIMIT</td> <td></td> <td></td> <td></td> <td>\$500,000</td> </tr> </table>	<input checked="" type="checkbox"/>	WC STATU-TORY LIMITS		OTH-ER				E.L. EACH ACCIDENT				\$500,000		E.L. DISEASE-EA EMPLOYEE				\$500,000		E.L. DISEASE-POLICY LIMIT				\$500,000
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D	OTHER																												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Venture Construction Company is listed as Additional Insured for General Liability.

Project Name- City, State is covered for Worker's Compensation. (If you can list all the states he is covered in, please list it this way: TN, AL, MS is covered for Worker's Compention)

CERTIFICATE HOLDER Y ADDITIONAL INSURED; INSURER LETTER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OF REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

MUST BE SIGNED.

Venture Construction Company
Branch Office Mailing Address

EXHIBIT "C" - INSURANCE REQUIREMENTS

1. An ORIGINAL Insurance Certificate, signed by your Insurance Agent and including the following as CERTIFICATE HOLDER must be submitted to:

Venture Construction Company
Branch Mailing Address

2. Coverage must be with a company or companies licensed to do business in the State in which the subcontractor will be doing business.
3. Coverage must meet Venture Construction Company's MINIMUM requirements as follows:
 - a. Workers Compensation and Employers Liability:
Workers Compensation.....Statutory
Employer's Liability:
Bodily Injury by Accident.....\$500,000 each accident
Bodily Injury by Disease.....\$500,000 policy limit
Bodily Injury by Disease.....\$500,000 each employee
 - b. General Liability Insurance:
General Aggregate.....\$2,000,000
Each Occurrence.....\$1,000,000
 - c. Automobile Liability Insurance:
Combined Single Limit.....\$1,000,000

4. Additional Insureds:

Venture Construction Company is listed as Additional Insured under all policies except Workers' Compensation, but solely with respects to work performed for them by the Named Insured.

• *Typed in description section*

5. Cancellation Notice:

Venture Construction Company shall be given not less than thirty (30) days prior written notice before any cancellation or change is made effective.

6. Description of Operations:

The Description of Operations on the Certificate must include the name of the project and the project address as shown on the Subcontract, the state or states which the subcontractor is covered under his/her Workers Compensation policy, plus the General Liability Additional Insured requirements.

7. Exclusions:

If anyone is excluded from their Workers Compensation policy, then the appropriate state exemption form must accompany the Insurance Certificate

8. If there are any questions regarding the specific wording requested, coverage or any of the above mentioned REQUIREMENTS, please have your insurance agent or yourself contact your Venture Branch Office.