



CERTIFICATE OF LIABILITY INSURANCE

SAMPL-2

OP ID: AN

DATE (MM/DD/YYYY)

11/17/2015

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 True & Associates 325 North Avenue East Westfield, NJ 07090 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| E-MAIL ADDRESS: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED SAMPLE CLIENT | INSURER A : A Rated Insurance Carrier | |
| | INSURER B : A Rated Insurance Carrier | |
| | INSURER C : A Rated Insurance Carrier | |
| | INSURER D : | |
| | INSURER E : | |
| INSURER F : | | |

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

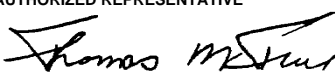
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|--|--|-----------|----------|---------------|-------------------------|-------------------------|--|-----------------------------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | X | X | POLICY # | | | EACH OCCURRENCE \$ 1,000,000 | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 | |
| | <input checked="" type="checkbox"/> Contractual Liab | | | | | | MED EXP (Any one person) \$ 10,000 | |
| | <input checked="" type="checkbox"/> X,C,U | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ 2,000,000 | |
| <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 | |
| OTHER: | | | | | | | \$ | |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY | X | X | POLICY # | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 | |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ | |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | <input type="checkbox"/> SCHEDULED AUTOS | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | | <input checked="" type="checkbox"/> NON-OWNED AUTOS | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ | |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB | X | X | POLICY # | | | EACH OCCURRENCE \$ 5,000,000 | |
| | <input type="checkbox"/> EXCESS LIAB | | | | | | AGGREGATE \$ 5,000,000 | |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | | \$ | |
| DED RETENTION \$ | | | | | | | \$ | |
| C | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | N/A | POLICY # | | | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER | |
| | <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | E.L. EACH ACCIDENT \$ 1,000,000 | |
| | <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 | |

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

RE: Name & Location of Job/Project#. March Associates Construction Inc. is named as Additional Insured on the above policies except Workers Compensation on a primary & non-contributory basis (CG2010 10/01 version) for ongoing operations and (CG2037 10/01 version) for completed operations. Waiver of Subrogation applies on all policies in favor of March Associates**

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| March Associates Construction Inc. 601 Hamburg Turnpike Suite 300 Wayne, NJ 07470 | 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  |

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NOTEPAD:

HOLDER CODE
INSURED'S NAME **SAMPLE CLIENT**

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** Construction, Inc. Umbrella is follow form to General & Auto Liability coverage.