

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
CURRENT DATE

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 have ADDITIONAL INSURED provisions or 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	CONTACT TO BE COMPLETED	
Name, Address and Phone number of Agency/Agent	PHONE FAX (A/C, No, Ext): (A/C, No):	
	ADDRESS:	Ţ.
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: A RATING OR BETTER	
INSURED	INSURER B :	
	INSURER C:	
Subcontractors Name	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.

ISR TR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	·
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	X	X	POLICY NUMBER	1944 1970 10 1072 19	NT DATE	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$	5,000
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY X PROT LOC					70 20	PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	1,000,000 2,000,000 2,000,000
	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED ONLY X ONCOMPED AUTOS	X		POLICY NUMBER	CURRI	NT DATE	COMBINED SINCLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	1,000,000
	X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$	X	Es.	POLICY NUMBER	CURRE	NT DATE	EACH OCCURRENCE \$ AGGREGATE \$	1,000,000 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE DEFICER/MEMBER FX/O LIDED? Mandatory in NH) fyes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	POLICY NUMBER	CURRE	NT DATE	PER STATUTE OTH- STATUTE ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	1,000,000 1,000,000 1,000,000

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

Bar Construction Company Inc, its officers, affiliates, heirs and assigns are named as additional insured on the General Liability policy for ongoing and completed operations using CG2010 and CG2037 (or equivalent), additional insured on the automobile policy and excess liability on a primary and non contributory basis as required by written contract. A waiver subrogation applies to the general liability and workers compensation in favor of the certificate holder. A 30 day notice of cancellation applies on all policies and will be mailed to the certificate holder

CERTIFICATE HOLDER	CANCELLATION				
Bar Construction Company Inc. 611-A Industrial Ave Greensboro NC 27406	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				
	Signature Required				

ACORD 25 (2016/03)

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