



# 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).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A :	Insurance Company
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

Subcontractor Name & Address  
\*\*\*NAME MUST MATCH CONTRACT\*\*\*

**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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Included <input checked="" type="checkbox"/> Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY NUMBER			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY NUMBER			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY NUMBER			EACH OCCURRENCE \$ AGGREGATE \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POL# /LIST STATES COVERED			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> INSTALLATION FLOATER NO LESS THAN 100,000			POL# /AMOUNT TO COVER ANY LOSSES OF STORED MATERIAL			Per Location Minimum 100,000 Per Disaster Minimum 100,000

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

**RE: PROJECT/JOB & ADDRESS** | Certificate holder [and include other parties if required under the contract] is included as Additional Insured on Primary and Noncontributory basis with respect to the General Liability including Completed Operations, Auto Liability and (if needed) Umbrella Liability; and under a Waiver of Subrogation on the General Liability, Auto Liability and Workers Compensation. The Workers' Compensation policy provides coverage to this contractor and its employees in the State(s) of . Cancellation Notice to the holder: 30 days except 10 days for non-payment of premium.

**CERTIFICATE HOLDER****CANCELLATION**

SUMMIT CONTRACTING GROUP  
INC 7595 Baymeadows Way  
Jacksonville, FL 32256

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

# INSURANCE SPECIFICATIONS

Before commencing the work, the Subcontractor shall procure and retain at it(s) own expense until completion and final acceptance of the work, the following minimum coverages and limits. Such coverage should be placed in insurance companies who have at least an A.M. Best company rating of A-. Insurance certificate must include:

## A. WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE

1. Workers' Compensation and Occupational Disease Coverage in accordance with the laws of the State within whose jurisdiction the work is performed. In the event that the work of this contract falls within the purview of the United States Longshoremen's and Harbor Workers' Compensation Act, the Jones Act or the Federal Employer's Liability Act, the Subcontractor(s) shall extend his insurance coverage to provide and maintain in full force and effect during the period covered by this subcontract, insurance against the liability imposed under either or both of these Acts as applicable.
2. Employer's Liability Coverage within minimum limit of:
  - \$1,000,000 Bodily Injury by Accident
  - \$1,000,000 Bodily Injury by Disease
  - \$1,000,000 Bodily Injury by Disease Each Employee

## B. COMMERCIAL GENERAL LIABILITY INSURANCE including but not limited to the following coverages:

1. Premises/Operations Liability.
2. Products/Completed Operations Hazards Included.
3. Contractual Liability Coverage Included.
4. Broad Form Property Damage Liability Included.
5. Per Project Aggregate
6. The Limits of Insurance shall be at least as follows:
  - \$2,000,000 General Aggregate Limit (Other than Products/Completed Operations)
  - \$2,000,000 Products/Completed Operations Aggregate Limit
  - \$1,000,000 Personal and Advertising Injury Limit
  - \$1,000,000 Each Occurrence Limit

## C. BUSINESS AUTOMOBILE INSURANCE including the following coverages:

1. Owned Vehicles.
2. Hired Vehicles.
3. Non-owned Vehicles.
4. Each of the above listed coverages shall provide coverage in the following minimum limits of liability:
  - \$1,000,000 Bodily Injury and Property Damage Per Occurrence; Combined Single Limit

## D. COMMERCIAL UMBRELLA/EXCESS LIABILITY CAN BE INCLUDED TO EXTEND THE REQUIRED LIMITS

Before commencing work, the Subcontractor shall furnish a certificate of insurance showing that the above required insurance is in force, stating policy numbers, date effective & expiration, and limits of liability thereunder, and further providing that the insurance(s) will not be canceled or changed prior to, at least, 30 days (10 days for nonpayment) after written notice of such cancellation has been given to the Contractor as evidenced by return receipt of registered or certified letter. Said certificate is to state that the policies described therein have been endorsed to provide **Summit Contracting Group, Inc.** as well as any other parties as required under the contract, as Additional Insureds on a Primary and Noncontributory basis to the General Liability, Auto, and Umbrella; and included on a Waiver of Subrogation under the General Liability, Auto, Workers' Compensation and Umbrella for any and all work performed under contract to them. The certificate shall also show State(s) covered under the Workers Compensation, which is to include the state where work is being performed; and the name and address of project/job being performed.

**Summit Contracting Group, Inc.**  
**7595 Baymeadows Way, Suite 100**  
**Jacksonville, FL 32256**