

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/05/2016

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 -- Insurance Agency Name -- -- Address -- -- Address -- -- Address --
CONTACT NAME: -- Contact Name --
PHONE (A/C, No, Ext): -- Phone #-- FAX (A/C, No): -- Fax # --
E-MAIL ADDRESS:
INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: -- Insurance Co. Name -- -- # --
INSURER B:
INSURER C:
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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include: GENERAL LIABILITY, AUTOMOBILE LIABILITY, UMBRELLA LIAB, WORKERS COMPENSATION AND EMPLOYERS' LIABILITY, Riggers Liability, Professional Liab.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
---SAMPLE SUBCONTRACTOR CERTIFICATE---
Re: A M King Job Number, Project Name, and Project Address.
A M King Construction Co. LLC, owner, and any other party required by contract are named as Additional Insureds on general liability coverage including ongoing and completed operations coverages as required by written contract/agreement per forms #CG2010 & CG2037 or their equivalent on a primary & non-contributory (See Attached Descriptions)

CERTIFICATE HOLDER: A M King Construction Co, LLC Attn: Donna Morris 1610 East Morehead St, Ste 200 Charlotte, NC 28207
CANCELLATION: 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"

DESCRIPTIONS (Continued from Page 1)

basis. Waiver of Subrogation is provided in favor of A M King Construction Co. LLC, owner, and any other party required by contract on general liability and workers compensation coverages as required by written contract/agreement. If any officer is excluded from workers compensation coverage then this needs to be shown in the description section of the certificate. Umbrella or Excess coverage follows form of underlying coverages provided by policy forms, endorsements, and exclusions. 30 Days Notice of Cancellation will be provided to the certificate holder except for non-payment of premium to which (15) days notice applies when required by written contract/agreement.

SAMPLE