

PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATER OF INFORMATION ONLY AND CONFERS TO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
Broker's Name Broker's Address Broker's Address		COMPANY COMPANIES AFFORDING COVERAGE <b>A</b> Your General Liability Insurer (AM Best Rated A- or Better)	
		COMPANY <b>B</b> Your Automobile Liability Insurer (AM Best Rated A- or Better)	
INSURED		COMPANY <b>C</b> Your Excess Liability Insurer (AM Best Rated A- or Better)	
Your Company's Name Your Company's Address Your Company's Phone #		COMPANY <b>D</b> Your Workers Compensation Insurer (AM Best Rated A- or Better)	
		COMPANY <b>E</b> Your Equipment Floater Coverage (AM Best Rated A- or Better)	

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.

CO LTR	TYPE INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> PER PROJECT <input type="checkbox"/> <input type="checkbox"/>	POLICY NUMBER	01/01/2011	01/01/2012	GENERAL AGGREGATE	\$1,000,000
					PRODUCTS - COMP/OP AGG	\$1,000,000
					PERSONAL & ADV INJURY	\$1,000,000
					EACH OCCURRENCE	\$1,000,000
					FIRE DAMAGE (Any one fire)	\$50,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
					MED EXP (Any one person)	\$5,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>	POLICY NUMBER	01/01/2011	01/01/2012	COMBINED SINGLE LIMIT	\$1,000,000
					BODILY INJURY (Per Person)	
					BODILY INJURY (Per accident)	
					PROPERTY DAMAGE	
					EACH OCCURRENCE	\$1,000,000
					AGGREGATE	\$1,000,000
C	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OTHER THAN UMBRELLA FORM	POLICY NUMBER	01/01/2011	01/01/2012		
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  THE PROPRIETOR/PARTNERS/ <input type="checkbox"/> INCL. EXECUTIVE OFFICERS ARE: <input type="checkbox"/> EXCL	POLICY NUMBER	01/01/2011	01/01/2012	WC STATUTORY LIMITS <input checked="" type="checkbox"/>	
					EACH ACCIDENT	\$500,000
					DISEASE - POLICY LIMIT	\$500,000
					DISEASE - EACH EMPLOYEE	\$500,000
E	Equipment Floater	POLICY NUMBER	01/01/2011	01/01/2012	Equipment Value	\$

**All Off Site Activities and Operations away from a NJSDA OCIP Project Site except Automobile Liability and Equipment Floater are primary and non-contributory at all times.**

CERTIFICATE HOLDER	CANCELLATION
<p>NJSDA 1 West State Street P.O. Box 991 Trenton, NJ 08625</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.</p>

## CONTRACTORS ELIGIBLE FOR OCIP

**PRODUCER**

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COMPANY	COMPANIES AFFORDING COVERAGE
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**A** Your General Liability Insurer (AM Best Rated A- or Better)

**B** Your Automobile Liability Insurer (AM Best Rated A- or Better)

**C** Your Excess Liability Insurer (AM Best Rated A- or Better)

COMPANY  
D Your Workers Compensation Insurer (AM Best Rated A- or Better)

COMPANY

**E** Your Equipment Floater Coverage (AM Best Rated A- or Better)

INSURED  
Your Company's Name  
Your Company's Address  
Your Company's Phone #

## COVERAGES

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.

CO LTR	TYPE INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
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					PRODUCTS - COMP/OP AGG	\$1,000,000
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D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  THE PROPRIETOR/PARTNERS/ <input type="checkbox"/> INCL. EXECUTIVE OFFICERS ARE: <input type="checkbox"/> EXCL	POLICY NUMBER	01/01/2011	01/01/2012	WC STATUTORY LIMITS <input checked="" type="checkbox"/>	
					EACH ACCIDENT	\$500,000
					DISEASE - POLICY LIMIT	\$500,000
					DISEASE - EACH EMPLOYEE	\$500,000
E	Equipment Floater	POLICY NUMBER	01/01/2011	01/01/2012	Equipment Value	\$

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/SPECIAL ITEMS –

**DOE #-Contract (#), District- School Name-(Type of Work)-(Contract Amount)**

**All On-Site and Off Site Activities and Operations away from a NJSDA OCIP Project Site except Automobile Liability and Equipment Floater are primary and non-contributory at all times. The following are named as additional insureds on General Liability and Excess Liability, except Workers Compensation: NJ Schools Development Authority, The EDA, NJ Department of Education, The State, The CM, the (Project School District), and the (Design Consultant) and their respective officers, directors, members, employees, representatives, and agents.**

**CERTIFICATE HOLDER**

NJSDA  
1 West State Street  
P.O. Box 991  
Trenton, NJ 08625

## CANCELLATION

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

## CONTRACTORS INELIGIBLE FOR OCIP