

SAMPLE

ACORD		CERTIFICATE OF INSURANCE		DATE (MM/DD/YY)
PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE		
NAME AND ADDRESS OF INSURANCE AGENCY		INSURERS AFFORDING COVERAGE		
INSURED		INSURER A:		
		INSURER B:		
NAME AND ADDRESS OF SUBCONTRACTOR		INSURER C:		
		INSURER D:		

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 CER

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
X	GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ -
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS-COMP/OP AGG	\$ 100,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
X	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO					
	<input type="checkbox"/> ALL OWNED AUTOS					
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)	\$ -
	<input type="checkbox"/> HIRED A					
	<input type="checkbox"/> NON-OW					
					LY INJURY (Per accident)	\$ -
					PROPERTY DAMAGE (Per ent)	\$ -
	GARAGE LIA				DO ONLY - EA ACCIDENT	\$ -
	<input type="checkbox"/> ANY AU				ER THAN EA ACC	\$ -
	<input type="checkbox"/>				DO ONLY: AGG	\$ -
	EXCESS LIA				DO OCCURRENCE	\$ -
	<input type="checkbox"/> OCCUR				REGATE	\$ -
					PRODUCTS/COMP	\$ -
	<input type="checkbox"/> DEDUCTIBLE				OPS AGGREGATE	\$ -
	<input type="checkbox"/> RETENTION \$					\$ -
X	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WC STATUTORY LIMITS	
					E.L. EACH ACCIDENT	\$ 1,000,000
					E.L. DISEASE-EA EMPLOYEE	\$ -
					E.L. DISEASE-POLITY LIMIT	\$ -
	OTHER					

Your certificate of insurance must show the following:

1. Your current General Liability coverage.
2. Your current Workers Comp coverage.
3. Job Information (Must have a separate certificate for each job you work on.)
4. Triad Retail Construction, Inc. as additional insured.
5. Triad Retail Construction, Inc. in favor of waiver of subrogation
6. Triad Retail construction, Inc. as the certificate holder.

MUST READ EXACTLY AS PRINTED BELOW

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Job # and Address Triad Retail Construction, Inc. is added as an additional insured on the G/L policy shown above. In addition a waiver of subrogation is issued in favor of Triad Retail Construction, Inc. for the G/L & W/C Insurance policies.

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER	CANCELLATION
Triad Retail Construction, Inc. 2206 O'Day Rd. Pearland, Texas 77581		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LI AUTHORIZED REPRESENTATIVE