

CERTIFICATE OF LIABILITY INSURANCE CHECK LIST

For your convenience, we have provided a check list and an example for you to send to your insurance company showing the insurance requirements needed for this project. Please be sure that all items are included on your Certificate.

- _____ The policy must reference Commercial General Liability
- _____ The general aggregate limit must apply **per project**.
- _____ The worker's compensation section must be completed.
- _____ The limit per occurrence must be at least \$100,000.00 for worker's compensation
- _____ The excess/umbrella liability for each occurrence must be at least \$1,000,000.00.
- _____ The general aggregate limit must be at least \$2,000,000.00.
- _____ The automobile liability combined single limit must be \$1,000,000.00
- _____ **The description of operations section** must include the following paragraph:

Project Name: _____
The Owner, _____ **(Owners Name)** and **H.M. Kern Corporation** are named as **Additional Insured** for liability, including Products/Completed Operations per form CB2033 or CG2037 or its equivalent. This coverage shall be primary and any coverage carried by H.M. Kern Corporation or the owner shall be considered excess. **With respect to Worker's Compensations Coverage, a Waiver of Subrogation shall apply for this project,** _____ **(Project Name).**

CERTIFICATE OF LIABILITY INSURANCE

Date (mm/dd/yy)

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

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 HIS 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (mm/dd/yy)	POLICY EXP (mm/dd/yy)	LIMITS
	General Liability <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur Gen'l Aggregate Limit Applies Per: <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Project <input type="checkbox"/> Loc						Each Occurrence \$ 1,000,000 Damages to Rented Premises (each Occurrence) Med Exp (Any one person) Personal & Adv Injury \$ 1,000,000 General Aggregate \$ 1,000,000 Products- Comp/ OP AGG \$ 1,000,000
	Automobile Liability <input checked="" type="checkbox"/> Any auto <input type="checkbox"/> All owned autos <input type="checkbox"/> Scheduled autos <input checked="" type="checkbox"/> Hired autos <input checked="" type="checkbox"/> Non-owned autos						Combined Single Limit \$ 1,000,000 (Each Accident) Bodily Injury \$ - (Per Person) Bodily Injury \$ - (Per Accident) Property Damage \$ - (Per Accident)
	Garage Liability <input type="checkbox"/> Any Auto						Auto Only - Each Accident \$ - Other than Ea Acc \$ - Auto Only Agg \$ -
	Excess / Umbrella Liability <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible \$ - Retention \$ -						Each Occurrence \$ 1,000,000 Aggregate \$ 1,000,000
	Workers' Compensation and Employers' Liability Any Proprietor/ Partner/ Executive Officer/ Member Excluded? If yes, describe under Special Provisions below		X				(X) WC Statutory Limits Each Accident \$ 1,000,000 Disease - Each Employee \$ 1,000,000 Disease - Policy limit \$ 1,000,000
	Other:						

Description of operations / locations / exclusions added by endorsement / Special Provisions

Project Name: _____
 The Owner, _____ (Owners Name) and H.M. Kern Corporation are named as **Additional Insured** for liability, including Products/Completed Operations per form CB2033 or CG2037 or its equivalent. This coverage shall be primary and any coverage carried by H.M. Kern Corporation or the owner shall be considered excess. **With respect to Worker's Compensations Coverage, a Waiver of Subrogation shall apply for this project,** _____ (Project Name).

CERTIFICATE HOLDER: _____ **CANCELLATION:** _____

Insured Name Address	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 liability of any kind upon the insurer, its agent or representatives. Authorized Representative:
---------------------------------------	---