CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Date Here

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
Full Name/Address

Should be Completed

CONTACT NAME:
PHONE (A/C No. Ext):
FAX (A/C No):
E-MAIL ACCRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A:	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Subcontractors Name must read same as Subcontract

Letters Must Correspond

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICES 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS	
A	**GENERAL LIABLITY** X COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE X OCCUR. X Contractual Liability ☐ _____ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY X PROJECT ☐ LOC	X	X	Must be Completed			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS-COMP/OP AGG	$ 1,000,000 $ $ $ 1,000,000 $ 2,000,000 $ 2,000,000
B	**AUTOMOBILE LIABILITY** X ANY AUTO → Or All Four X ALL OWNED AUTOS ☐ SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS ☐ ☐	X	X				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	☐ **UMBRELLA LIAB** X OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE (Check Umbrella or Excess) ☐ DED ☐ RETENTION $	X	X				EACH OCCURRENCE AGGREGATE	$ 5,000,000 $
C	**WORKERS COMPENSATION AND EMPLOYERS LIABILITY** ANY PROPRIETOR/PARNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below		X				X WC STATU-TORY LIMITS / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE–EA EMPLOYEE E.L. DISEASE–POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
D	Contractors Pollution Liability		X				Include if required by Contract	

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

McGough Construction Co., LLC., its Officers, Directors & Employees; the Owner & all others required in Contract Documents are included as Additional Insured's in the above referenced General Liability (for both ongoing & completed operations), Automobile Liability and Umbrella/Excess Liability policies. Such Insurance as is provided to Additional Insured's on the General Liability, Automobile Liability and Umbrella/Excess Liability policies, shall be Primary and Non-contributory with any other insurance available to the Additional Insured's. Waiver of Subrogation in favor of McGough Construction Co., Inc., the Owner and others as provided in Contract Documents and each of their agents and employees are included in the above referenced General Liability, Automobile Liability, Workers' Compensation/Employers Liability, Umbrella/Excess Liability [and Pollution/Mold Liability and Professional Liability if required]. The Umbrella/Excess Liability policy sits over General Liability, Automobile Liability and Employers Liability. Additional Insured Endorsements should be attached to this document.

CERTIFICATE HOLDER

McGough Construction Co., LLC
2737 Fairview Ave. N.
St. Paul, MN 55113

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Signature Here

SAMPLE

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