

DEW SAMPLE CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

COVEDACES	CEDTIFICATE NUMBER.		DEVICION	HIMDED.	
		INSURER F:			
		INSURER E :			
Mailing Address		INSURER D :			
Subcontractor Name		INSURER C :			
INSURED		INSURER B:			
		INSURER A : INSE	ert "Issuing" Compa	any Name	
		I	NSURER(S) AFFORDING COVERA	GE	NAIC#
Mailing Address		E-MAIL ADDRESS:			
Agency Name		PHONE (A/C, No, Ext):		FAX (A/C, No):	
PRODUCER		CONTACT NAME: INSE	rt Agent Contact Ir	nfo.	
ocitinoate notaei in nea oi saoii	endersement(s).				

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.

INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
Α	X	COMMERCIAL GENERAL LIABILITY	Х	Х				EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	250,000
		Check Per Project Box						MED EXP (Any one person)	\$	5,000
		Check Fel Floject Box		7	DEW Construction r	must have	a	PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGA LIMIT APPLIES PER:	/		properly executed c	ertificate of	f	GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-	A		insurance BEFORE	work may		PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:			begin on DEW proje	ects The			\$	
Α		TOMOBILE LIABILITY	$ _{x}$	x	certificate holder mu	ust meet		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	\ \	Λ.	required limits and o	coverage.		BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS Ck HIRED AUTOS NON-OWNED BOXES		Please copy your agent on this form so that a correct and		,	BODILY INJURY (Per accident)	\$			
						PROPERTY DAMAGE (Per accident)	\$			
					accurate certificate		٠ ـــ ــــ		\$	
Α	X	UMBRELLA LIAB X OCCUR	X	/ x	accurate certificate	is produced	۵.	EACH OCCURRENCE	\$	1,000,000
		EXCESS LIAB CLAIMS-MADE	· ·		PLEASE NOTE: Th	o I Imbrolla		AGGREGATE	\$	1,000,000
		DED RETENTION \$			minimum limit is \$1		•		\$	
Α		RKERS COMPENSATION EMPLOYERS' LIABILITY		X	minimum innicis \$11	VI.		X PER OTH- STATUTE ER	<u> </u>	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	500,000
	(Mar	ndatory in NH)	١,.,,					E.L. DISEASE - EA EMPLOYEE	\$	500,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
		Please indicate if any office								

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

RE: Any and All Projects. DEW Construction Corp, the Owner and all other parties as required by contract are Additional Insureds per contract requirements with respect to the General Liability, Auto, and Umbrella Policies on a primary and non-contributory basis. General Liability and Umbrella Additional Insured status shall include ongoing and completed operations coverage. Waiver of Subrogation is provided in favor of all parties as required by contract under the General Liability, Auto Liability, Workers' Compensation/Employer's Liability, and Umbrella Liability policies. WC Section 3.A applies to the following states:

Notice will be provided to contractor 30 days prior to any cancellation, material change, or non-renewal of the insurance required by the subcontract.

CERTIFICATE HOLDER	CANCELLATION			
DEW Construction Corp. 277 Blair Park Road, Suite 130	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Williston, VT 05495	AUTHORIZED REPRESENTATIVE			