



# 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).

|  |                                      |                |
|--|--------------------------------------|----------------|
| PRODUCER<br>Your Agent<br>1234 Main Street<br>San Antonio, TX 78251      | CONTACT NAME: Your Agent             |                |
|  | PHONE (A/C, No, Ext): 210-555-5555   | FAX (A/C, No): |
|  | E-MAIL ADDRESS:                      |                |
|  | <b>INSURER(S) AFFORDING COVERAGE</b> | <b>NAIC #</b>  |
| INSURED<br><br>Your Company<br>1234 Main Street<br>San Antonio, TX 78251 | INSURER A : Company of Insurance     |                |
|  | INSURER B :                          |                |
|  | INSURER C :                          |                |
|  | INSURER D :                          |                |
|  | INSURER E :                          |                |
|  | INSURER F :                          |                |

**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  | ADDL INSR   | SUBR WVD                     | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|---|--|---|------------------------------|---------------|-------------------------|-------------------------|--|
| <input checked="" type="checkbox"/>   | <b>GENERAL LIABILITY</b>   |   |                              | Policy Number | 03/31/2017              | 03/31/2018              | EACH OCCURRENCE \$ 1,000,000                         |
|   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY               |   |                              |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
|   | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |   |                              |               |                         |                         | MED EXP (Any one person) \$ 5,000                    |
| GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |  |   |                              |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                   |
|   |  |   |                              |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000                       |
|   |  |   |                              |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                  |
|   |  |   |                              |               |                         |                         | \$   |
| <input type="checkbox"/>  | <b>AUTOMOBILE LIABILITY</b>  |   |                              | Policy Number | 03/31/2017              | 03/31/2018              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000     |
|   | <input type="checkbox"/> ANY AUTO  |   |                              |               |                         |                         | BODILY INJURY (Per person) \$                        |
|   | <input type="checkbox"/> ALL OWNED AUTOS                                       | <input checked="" type="checkbox"/> SCHEDULED AUTOS |                              |               |                         |                         | BODILY INJURY (Per accident) \$                      |
|   | <input checked="" type="checkbox"/> HIRED AUTOS                                | <input checked="" type="checkbox"/> NON-OWNED AUTOS |                              |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                    |
|   |  |   |                              |               |                         |                         | \$   |
| <input checked="" type="checkbox"/>   | <b>UMBRELLA LIAB</b>   |   |                              | Policy Number | 03/31/2017              | 03/31/2018              | EACH OCCURRENCE \$ 3,000,000                         |
|   | <input checked="" type="checkbox"/> EXCESS LIAB                                | <input type="checkbox"/> OCCUR                      |                              |               |                         |                         | AGGREGATE \$ 3,000,000                               |
|   | DED  | <input type="checkbox"/> CLAIMS-MADE                |                              |               |                         |                         | \$   |
|   |  |   |                              |               |                         |                         | \$   |
| <input checked="" type="checkbox"/>   | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                           |   |                              | Policy Number | 03/31/2017              | 03/31/2018              | WC STATU-TORY LIMITS                                 |
|   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    | <input checked="" type="checkbox"/> Y               | <input type="checkbox"/> N/A |               |                         |                         | E.L. EACH ACCIDENT \$ 1,000,000                      |
|   | If yes, describe under DESCRIPTION OF OPERATIONS below                         |   |                              |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000              |
|   |  |   |                              |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 1,000,000             |

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

Certificate of Insurance showing Robinson General Contractors, Inc. as the certified holder and naming Robinson General Contractors, Inc. and Owner as additional insured with a 30-day notice of cancellation.

\*\*\*\*Please refer to your Letter of Intent \*\*\*\*

|                           |  |
|---------------------------|--|
| <b>CERTIFICATE HOLDER</b> | <b>CANCELLATION</b>  |
| Sample Only               | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|                           | AUTHORIZED REPRESENTATIVE<br>Must have a signature   |