|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME AND ADDRESS OF INSURED** | | | **COMPANY** | | **INSURANCE COMPANIES AFFORDING COVERAGE**  **A**  **B**  **C**  **D** | | | | |
|  | | |
|  | | |
| **TYPE OF WORK PERFORMED & LOCATION** | | | | | | | | | |
| **COMPANY  LETTER** | **TYPE OF  INSURANCE** | | | **POLICY  NO.** | | | **POLICY  EXP. DATE** | **LIMITS OF LIABILITY EACH OCCURRENCE** | |
|  | **ALL RISKS PHYSICAL DAMAGE** covering: | | |  | | |  |  | |
|  | Construction Equipment and all other property of Subcontractor supplied to the project. | | |  | | |  | Full replacement value | |
|  | Materials in transit | | |  | | |  |  | |
|  | **COMPREHENSIVE AUTOMOBILE LIABILITY** Including: | | |  | | |  |  | |
|  | Owned | | |  | | |  |  | |
|  | Hired | | |  | | |  |  | |
|  | Non-Owned | | |  | | |  | Bodily Injury and Property Damage Combined |  |
|  | Waiver of Subrogation in Favor of Main Contractor and Owner | | |  | | |  |
|  | **WORKERS COMPENSATION AND EMPLOYER’S LIABILITY** Including: | | |  | | |  |  |  |
|  | Long Shoreman’s and Harbour Workers Act, Jones Act and OCS Land Act, if Applicable. | | |  | | |  | Statutory |  |
|  | Waiver of Subrogation in Favour of Main Contractor and Owner | | |  | | |  | Employer Liability | Unlimited |
|  | **ALL RISKS HULL AND MACHINERY** | | |  | | |  |  |  |
|  | Covering marine vessels | | |  | | |  | Full value each and every vessel |  |
|  | **PROTECTION AND INDEMNITY** Including: | | |  | | |  |  |  |
|  | Liabilities to third parties  Oil pollution Removal of wreck/debris | | |  | | |  |  | |
|  | Waiver of Subrogation in favor of main contractor and Owner | | |  | | |  |  | |
|  | OTHER | | |  | | |  |  | |
| The undersigned certifies that he is the representative of the above listed insurance companies. That he has authority to execute and issue this certificate to Certificate Holder, and accordingly, does hereby certify on behalf of said insurance companies that policies of insurance listed above have been issued to the insured named above and are in force at this time. Copies of the policies shown will be furnished to the certificate holder upon request. | | | | | | | | | |
| This Certificate does not amend, extend or alter the coverage afforded by the policies listed. | | | | | | | | | |
| Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail 30 days written notice to the named certificate holder. | | | | | | | | | |
| **NAME & ADDRESS OF CERTIFICATE HOLDER** | | **DATE ISSUED** | | | | **BY: (Authorized Representative of Insurance Companies Affording Coverage)** | | | |
|  | | **ADDRESS** | | | |  | | | |
|  | |