

ACORD CERTIFICATE OF LIABILITY INSURANCE

Date: April 12, 2012

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: ABC CONSTRUCTION COMPANY 1234 CONSTRUCTION STREET ANYTOWN, MICHIGAN 49000	CONTACT John Smith NAME: PHONE (A/C NO EXT): 555-555-5555 Fax (A/C NO): 555-555-5555 E-MAIL ADDRESS: johnsmith@abcconstruction.com											
	<table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: PRUDENTIAL INSURANCE, INC.</td> <td># 123456</td> </tr> <tr> <td>INSURER B: ALLSTATE INSURANCE COMPANY</td> <td># 987654321</td> </tr> <tr> <td>INSURER C: FARM BUREAU EMPLOYEE, INC.</td> <td># 555666</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: PRUDENTIAL INSURANCE, INC.	# 123456	INSURER B: ALLSTATE INSURANCE COMPANY	# 987654321	INSURER C: FARM BUREAU EMPLOYEE, INC.	# 555666	INSURER D:		INSURER E:
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COVERAGE'S

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INS. LTR	TYPE OF INSURANCE	ADD'L INSRD	SBUR WVD	POLICY NUMBER	POLICY EFFECTIVE (MM/DD/YY)	POLICY EFFECTIVE (MM/DD/YY)	LIMITS	
A	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 checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	Y	ABC 123456789	4/12/2012	4/12/2013	EACH OCCURRENCE	\$1,000,000.00
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$300,000.00
							MED EXP (Any one person)	\$15,000.00
							PERSONAL & ADV INJURY	\$1,000,000.00
							GENERAL AGGREGATE	\$2,000,000.00
							PRODUCTS - COMP/OP AGG	\$2,000,000.00
A	AUTO 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 AUTO <input type="checkbox"/> OTHER	Y	Y	AL 123456789	4/12/2012	4/12/2013	Combined Single Limit (Ea accident)	\$1,000,000.00
							POLICY INJURY (Per Person)	
							POLICY INJURY (Per accident)	
B	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION <input checked="" type="checkbox"/> CLAIMS MADE	Y	N	EUL 123456789	4/12/2012	4/12/2013	EACH OCCURRENCE	\$5,000,000.00
							AGGREGATE	\$5,000,000.00
C	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N	Y	WC 123456789	4/12/2012	4/12/2013	<input checked="" type="checkbox"/> WC Statutory Limits	
							EL Each Accident	\$500,000.00
							EL Disease-Policy Limit	\$500,000.00
							EL Disease-Ea, Employee	\$500,000.00

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Project: Jackson County. NCDOT Project # C203133, Connector from NC-116 to NC-107 in Webster.

DeVere Construction Company, Inc. and North Carolina Department of Transportation are included as additional insureds.

CERTIFICATE HOLDER DeVere Construction Company, Inc 1030 DeVere Drive Alpena, Michigan 49707	CANCELLATION 10 Days for Non-Payment 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

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Sample

Exact wording
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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 NC DOT # C202880 Bridge #235 & #238
 DeVere Construction Company, Inc., State of North Carolina and NC Department of Transportation shall be named additional insureds with regards to work performed by the insured for the Certificate Holder.

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