

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Current Date

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 have ADDITIONAL INSURED provisions or 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	NAME: Your Subcontractor's Agent's Name
Your Subcontractor's Agency Name Your Subcontractor's Agency Address	PHONE (A/C, No, Ext): Your Subcontractor's Agent's Phone (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: Your Subcontractor's Agent's Email
Your Subcontractors Agency City, ST Zip	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: "A" Rated Carrier
INSURED	INSURER B:
Your Subcontractor's Name	INSURER C:
Your Subcontractor's Street Address	INSURER D:
City, VA 11111	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	INSR TYPE OF INCURANCE ADDL SUBR POLICY EXP POL									
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			YOUR SUBS POLICY NUMBER	Effective Date	Effective Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRU-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			YOUR SUBS POLICY NUMBER	Effective Date	Effective Date	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		YOUR SUBS POLICY NUMBER	Effective Date	Effective Date	E.L. EACH ACCIDENT	\$	500,000
	(Mar	ndatory in NH)	, ^					E.L. DISEASE - EA EMPLOYEE	\$	500,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
Α	Prof	essional Liability			YOUR SUBS POLICY NUMBER	Effective Date	Effective Date	Each Incident		2,000,000
										2,000,000
Α	Prof	essional Liability			YOUR SUBS POLICY NUMBER	Effective Date	Effective Date	Aggregate		_,500,000

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

Re: Cutlass Contracting, LLC is Additional Insured with respect to General Liability and Auto Liability regarding work performed by the Named Insured on behalf of Cutlass Contracting, LLC as required by written contract or agreement. Waivers of Subrogation in favor of the Certificate Holder apply to General Liability, Automobile Liability, and Workers' Compensation.

CERTIFCATE HOLDER	CANCELLATION
Cutlass Contracting, LLC 4 West Water Street, Smithsburg, MD 21783	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1	authorized representative Gour Agent's Signature

ACORD 25 (2016/03)

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