

ACORD CERTIFICATE OF INSURANCE

Date(MM/DD/YY)

PRODUCER

ABC Insurance Company
 XXX STREET
 City, State and Zip

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY	A Name of Insurance Co.	ABC Insurance Co.
COMPANY	B Name of Insurance Co.	XYZ Insurance Co.
COMPANY	C Name of Insurance Co.	XXX Insurance Co.
COMPANY	D Name of Insurance Co.	ABC Insurance Co.

INSURED

CDE Construction Co, Inc
 Address
 City, State Zip
 Phone: (850) 000-0000

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	XXXXY	MM/DD/YY		GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> _____				FIRE DAMAGE(Any one fire) \$ 100,000
	<input type="checkbox"/> _____				MED EXP(Any one person) \$ 10,000
	General Aggregate Limit applies per <input type="checkbox"/> Policy <input type="checkbox"/> Project <input checked="" type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	XXXXY	MM/DD/YY		COMBINED SINGLE LIMIT \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ 2,000,000
	<input type="checkbox"/> ALL OWNED AUTOS (Either "Any Auto" or SCHEDULED AUTOS "All-Owned Autos" and HIRED AUTOS "Non-Owned Autos" has to NON-OWNED AUTOS be checked in this area)				BODILY INJURY (Per accident) \$ 2,000,000
	<input type="checkbox"/> _____				PROPERTY DAMAGE \$ 2,000,000
	<input type="checkbox"/> _____				
C	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT \$ _____
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY \$ _____
	<input type="checkbox"/> _____				EACH ACCIDENT \$ _____
	<input type="checkbox"/> _____				AGGREGATE \$ _____
B	EXCESS LIABILITY	XXXXY	MM/DD/YY		EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 1,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	<input type="checkbox"/> _____				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	XXXXY	MM/DD/YY		STATUTORY LIMITS X
	THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT \$ 500,000
					DISEASE-POLICY LIMIT \$ 500,000
					DISEASE-EACH EMPLOYEE \$ 500,000
OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Job Description: INSERT NAME OF JOB HERE
 Speegle Construction, Inc. is named as an additional insured with respect to General Liability and Automobile Liability.
 Waiver of subrogation for General Liability and Workers Compensation applies in favor of the certificate holder.

CERTIFICATE HOLDER

ADDITIONAL INSURED LETTER: _____

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICES SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE _____

Speegle Construction, Inc.
 PO Box 1325
 Niceville, FL 32588