

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER

"SAMPLE CERTIFICATE"

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.

INSURERS AFFORDING COVERAGE

INSURED

"YOUR NAME AND ADDRESS"

INSURER A: **COMPANY NAME**
 INSURER B: **COMPANY NAME**
 INSURER C: **COMPANY NAME**
 INSURER D: **COMPANY NAME**
 INSURER E: **COMPANY NAME**

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
X	GENERAL LIABILITY	MUST HAVE POLICY NUMBER	DATE	DATE	EACH OCCURANCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INSURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
X	AUTOMOBILE LIABILITY	MUST HAVE POLICY NUMBER	DATE	DATE	COMBINED SINGLE LIMIT (EA. ACCIDENT) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER PERSON) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (PER ACCIDENT) \$
<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
X	EXCESS LIABILITY	MUST HAVE POLICY NUMBER	DATE	DATE	EACH OCCURANCE \$ 2,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 2,000,000
	<input type="checkbox"/> DEDUCTIBLE				
	<input checked="" type="checkbox"/> RETENTION \$ 10,000				
X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	MUST HAVE POLICY NUMBER	DATE	DATE	WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	MUST STATE IF PROP/PART/OFFICER ARE INCLUDED				E.I. EACH ACCIDENT \$ 100,000
					E.I. DISEASE - EA EMPLOYEE \$ 100,000
					E.I. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Project listed: **Project Name** Savarino Construction Corporation and all its entities, the Owner and all other parties as required by contract are included as Additional Insured's on a Primary and Non Contributory basis with regard to ongoing operations (CG2010 or equivalent) and with regard to completed operations (CG2037 or equivalent). Waiver of Subrogation applies in favor of the Certificate Holder under the General Liability and Worker's Compensation coverage. Attach a copy of the Additional Insured and Waiver of Subrogation forms. A 30 day written notice of cancellation applies.

CERTIFICATE HOLDER

Savarino Construction Corporation
26 Mississippi Street, Suite 100
Buffalo, New York 14203

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