



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/4/2015

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 Insurance Agency Address City, State, Zip Code	CONTACT NAME: Contact Name PHONE (A/C, No, Ext): Contact Phone Number FAX (A/C, No): Contact Fax Number E-MAIL ADDRESS: Contact Email Address																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Carrier</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>Carrier</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td>Carrier</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td>Carrier</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td>Carrier</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Carrier		INSURER B:	Carrier		INSURER C:	Carrier		INSURER D:	Carrier		INSURER E:	Carrier		INSURER F:	
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INSURED Contractor Name Insured Address City, State, Zip Code																					

COVERAGES **CERTIFICATE NUMBER:** CL1511201557 **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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			Policy Number	Effective Date	Expire Date	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	X				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 50,000	
	<input checked="" type="checkbox"/> amount if Applicable \$ Ded/Occ.						PERSONAL & ADV INJURY \$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GENERAL AGGREGATE \$ 2,000,000							
							PRODUCTS - COMP/OP AGG \$ 2,000,000	
							\$	
B	AUTOMOBILE LIABILITY			Policy Number	Effective Date	Expire Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO	X	X				BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS						SCHEDULED AUTOS NON-OWNED AUTOS	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS							PROPERTY DAMAGE (Per accident) \$
					\$			
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	X	X	Policy Number	Effective Date	Expire Date	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> EXCESS LIAB						CLAIMS-MADE	AGGREGATE \$ 1,000,000
	DED						RETENTION \$	\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Policy Number	Effective Date	Expire Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
McRight-Smith Construction, LLC, its Owner, Officers, Directors, Employees and Customer are listed as additional insureds per forms CG2010 and CG2037 on the General Liability, Auto Liability, and Umbrella Liability. Insurance is Primary and Non-Contributory. A Waiver of Subrogation in favor of McRight-Smith Construction, LLC, its Owner, Officers, Directors and Employees on all policies, (as evidenced by the endorsements attached). A 30 Day Notice of Cancellation is in favor of the certificate holder on all policies.

CERTIFICATE HOLDER	CANCELLATION
	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 Printed Name and Signature