(SAMPLE CERTIFICATE FOR SUBCONTRACT AND VENDOR AGREEMENTS)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) (Issue 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 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	CONTACT NAME: Insurance Agent Contact Name
Insurance Agent Name Insurance Agent Address	PHONE (A/C, No, Ext): Insurance Agent Phone No. FAX (A/C, No):
	E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Insurance Carrier's Name	
INSURER B : Insurance Carrier's Name	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Company Name and Address
(Subcontractor/Vendor Company)

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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC	X	X	Policy # here	Effective Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY X (Preferred) ANY AUTO X ALL OWNED AUTOS [ ] SCHEDULED AUTOS X HIRED AUTOS [X] NON-OWNED AUTOS [X] (Option-Combine Owned/Non-Owned/Hired)	X	X	Policy # here	Effective Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
*	X **UMBRELLA LIAB** [ ] OCCUR X **EXCESS LIAB** [ ] CLAIMS-MADE DED [ ] RETENTION $ *Specify Excess or Umbrella	X	X	Policy # here	Effective Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	X	Policy # here	Effective Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)	X WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

A. All policies of insurance (except for Workers Compensation) have been endorsed to name CERTIFICATE HOLDER as Additional Insured on a primary and non-contributory basis.

B. All policies of insurance have been endorsed or contain a clause waiving rights of subrogation against the CERTIFICATE HOLDER, ITS AFFILIATES, SUBSIDIARIES, AND EMPLOYEES.

C. The following ISO Additional Insured endorsements have been issued: (1) CG 20-10 (Premises), (2) CG 20-37 Products & Completed Operations.

CERTIFICATE HOLDER

APAC-KANSAS, INC. - SHEARS DIVISION
1600 N LORRAINE ST SUITE ONE
HUTCHINSON, KS 67501

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

Agent Signature Required

Sample

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