

INSURED: _____

This is to certify that policies as described above have been issued through the undersigned to the Insured named above and are in force at this time. If cancelled or changed in any manner, for any reason, during the period of coverage as stated herein so as to affect this certificate, immediate written notice will be given by the undersigned to the Department. (Be sure to complete and sign the reverse side/2nd page of this form.)

CONTRACTOR'S CERTIFICATE OF INSURANCE - APPENDIX I - page 2 of 2

PARTICULARS OF INSURANCE	
GENERAL LIABILITY <input type="checkbox"/> Premises Property and Operations <input type="checkbox"/> Products and Completed Operations <input type="checkbox"/> Blanket Contractual - All Written Agreements <input type="checkbox"/> Occurrence Property Damage <input type="checkbox"/> Broad Form Property Damage <input type="checkbox"/> Contingent Employers Liability <input type="checkbox"/> Personal Injury <input type="checkbox"/> Employees as Additional Insureds <input type="checkbox"/> Cross Liability - Severability Of Interests <input type="checkbox"/> Blasting, Collapse, Underpinning <input type="checkbox"/> Exclusions deleted as follows: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Owners' & Contractors' Protective Liability	AUTOMOBILE LIABILITY <input type="checkbox"/> S.E.F. No. 4a Explosive Endorsement <input type="checkbox"/> S.E.F. No. 21b Blanket Fleet Endorsement <input type="checkbox"/> AIRCRAFT LIABILITY <input type="checkbox"/> <input type="checkbox"/> WATERCRAFT LIABILITY <input type="checkbox"/> <input type="checkbox"/>
REMARKS (STATE DEDUCTIBLES) IF ANY 	

THIS IS TO CERTIFY THAT INSURANCE AS DESCRIBED AS ABOVE IS IN FORCE AT THIS TIME.

Name and Address of Insurance Agent, Broker or
Insurance Company

Written notice of any changes or cancellation of this
policy shall be sent to the Owner at the following address:

Date _____

By _____
(Authorized Representative)