CONTRACTOR'S CERTIFICATE OF INSURANCE - APPENDIX I - page 1 of 2

INSURED:	

SCHEDULE OF MANDATORY INSURANCE					
Type of Insurance	Insurer, Policy Number	Policy Period	Limit of Liability/Amount		
COMPREHENSIVE GENERAL LIABILITY INCLUDING NON- OWNED AUTOMOBILE LIABILITY		From: To:	BODILY INJURY \$ Each Person \$ Each Accident \$ Aggregate		
AUTOMOBILE LIABILITY (OWNED/LEASED VEHICLES)		From: To:	BODILY INJURY S Each Person S Each Accident PROPERTY DAMAGE S Each Accident Or, BODILY INJURY & PROPERTY DAMAGE S Inclusive		
ADDITIONAL COVERAGES REQUIRED MARKED BY []					
[] UMBRELLA LIABILITY		From: To:	\$ Limits \$ S.I.R.		
[] CONTRACTOR'S EQUIPMENT		From: To:			
[]OTHER					

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		AUTOMOBILE LIABILITY		
	Premises Property and Operations Products and Completed Operations Blanket Contractual - All Written Agreements Occurrence Property Damage		S.E.F. No. 4a Explosive Endorsement S.E.F. No. 21b Blanket Fleet Endorsement		
	Broad Form Property Damage Contingent Employers Liability Personal Injury Employees as Additional Insureds Cross Liability - Severability Of Interests Blasting, Collapse, Underpinning Exclusions deleted as follows:	[]	AIRCRAFT LIABILITY		
		[]	WATERCRAFT LIABILITY		
[] Owners' & Contractors' Protective Liability					
REMARKS (STATE DEDUCTIBLES) IF ANY					
THIS IS TO CERTIFY THAT INSURANCE AS DESCRIPTION Name and Address of Insurance Agent, Broker or Insurance Company			IBED AS ABOVE IS IN FORCE AT THIS TIME. Written notice of any changes or cancellation of this policy shall be sent to the Owner at the following address:		
Date			By(Authorized Representative)		