

**EXAMPLE** 

PROVIDE         PROVIDE         PROVIDE           Insurance Agent/Driver Name Dammer Agent/Driver Name Context of April Name (Name Context of April Name (Name Context of Name Context of	ACORD <sup>*</sup> CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YYYY) Month/Date/Year	r	
Contract & Prove Number         INSURERS AFFORDING COVERAGE         NAIC #           NBURER         INSURER Allowands Company         Enter NAIC#           Contractor Sared Address or P.O. Box         INSURER C. Nume of Insurance Company (if applicable)         Enter NAIC#           Contractor Sared Address or P.O. Box         INSURER C. Nume of Insurance Company (if applicable)         Enter NAIC#           INSURER D. Nume of Insurance Company (if applicable)         Enter NAIC#         INSURER C. Nume of Insurance Company (if applicable)         Enter NAIC#           INSURER D. Nume of Insurance Company (if applicable)         Enter NAIC#         INSURER C. Nume of Insurance Company (if applicable)         Enter NAIC#           INSURER D. Nume of Insurance Company (if applicable)         Enter NAIC#         INSURER C. Nume of Insurance Company (if applicable)         Enter NAIC#           NOTIVITISTANCEL LISTED BELOW HAVE BEEN ISSUED TO THE INSUED TO NUMER         NAIC#         Insurance Company (if applicable)         Enter NAIC#           NOTIVITISTANCEL LISTED BELOW HAVE BEEN ISSUED TO THE INSUED NAMED ABOVE FOR THE POLICE DISCRIBED HERE IN SUBJECT TO ALL THE TERMS.         Exclusions And Company (if applicable)         Enter NAIC#           EXCLUSIONANT MEDICATED         False POLICE DISCRIBED HERE IN SUBJECT TO ALL THE TERMS.         Exclusion Contents IN MAINT#         Exclusion Contents IN MAINT#         Exclusion Contents IN MAINT#         Exclusion Contentent         Standoory	Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box				AND CONFER	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			
NELRED     INSURER Allower of Insurance Company     Enter NAIC#       Contractor Name Contractor Name Name Net NAIC#     Enter NAIC#       COVERAGES     COVERAGES     Enter NAIC#     Enter NAIC#       COVERAGES     COVERAGES     Enter NAIC#     Enter NAIC#       Not Web Issues Contractor Contractor Contractor Company (if applicable)     Enter NAIC#       Not Web Issues Contractor Name Contractor Name Name Name Name Contractor Name Contractor Name Name Name Name Name Name Name Nam					INSURERS AF	FORDING COVER	RAGE	NAIC #	
Contractor Name Contractor Addess or P.O. Box Contractor City, Stue & Zip Code INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER D: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER D: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSURER C: Name of Insurance Company (if applicable) Enter NAC# INSUREMENT INSURER Enter NAC# INSUREMENT INSUREMENT INSURE			INSURED		INSURER A	Name of Insurance	Company		
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International system     TYPE OF INSURANCE     POLICY NUMBER     POLICY NUMBER     PUTTER PRIVATION DATE     LMTS       A <ul> <li>GENERAL LABILITY</li> <li>CLAMS MADE</li> <li>Enter Policy #</li> <li>Enter Effective Date</li> <li>Enter Effective Date</li> <li>Enter Effective Date</li> <li>Enter Effective Date</li> <li>CLAMS MADE</li> <li>CLAMS MADE</li> <li>CLAMS MADE</li> <li>CLAMS MADE</li> <li>CLAMS MADE</li> <li>Enter Policy # (if required)</li> <li>Enter Effective Date</li> <li></li></ul>	N C	IOTW ERTI	ITHSTANDING ANY REQUIREMENT, FICATE MAY BE ISSUED OR MAY PE	TERM OR CONDITION OF A	ANY CONTRACT OF FFORDED BY THE	R OTHER DOCUMEN POLICIES DESCRIB HAVE BEEN REDU	NT WITH RESPECT TO WH ED HEREIN IS SUBJECT T	ICH THIS	
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GENL AGGREGATE LIMIT APPLIES       PRODUCTS - COMPLOP AGG       \$1,000,000         A       AVTOMOBILE LUBILITY       Enter Policy #       Enter Effective Date       Enter Expiration Date       COMBINED SINGLE LIMIT       \$         A       AVTOMOBILE LUBILITY       Enter Policy #       Enter Policy #       Enter Effective Date       Enter Expiration Date       COMBINED SINGLE LIMIT       \$         A       ALLOWNED AUTOS       BODLY INJURY       \$       \$       BODLY INJURY       \$         BODLY MURPATION       ALLOWNED AUTOS       Enter Policy # (if required)       Enter Effective Date       Enter Expiration Date       AUTO ONLY - EA ACCIDENT       \$1,000,000         A       ANY AUTO       Enter Policy # (if required)       Enter Effective Date       Enter Expiration Date       AUTO ONLY - EA ACCIDENT       \$1,000,000         A UTO ONLY - EA ACCIDENT       S1,000,000       THER THAIN AEG \$       \$1,000,000       THER THAIN AEG \$         A UTO ONLY - EACCIDENT       Enter Policy # (if required)       Enter Effective Date       Enter Expiration Date       \$       \$         A I       DEDUCTIBLE       Enter Policy # (if required)       Enter Policy # Date       Enter Effective Date       Enter Expiration Date       \$       \$         A I       DEDUCTIBLE       DeDUCTIBLE       Enter Policy # Date </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PERSONAL &amp; ADV INJURY</td> <td>\$1,000,000</td> <td></td>							PERSONAL & ADV INJURY	\$1,000,000	
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Image: Reference of the second sec									
A       B       WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECU- TIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below       Enter Policy #       Enter Effective Date       Enter Expiration Date       MVC STATU- TORY DATE       OTH LIMITS       OTH E.L. EACH ACCIDENT       \$         Image: SPECIAL PROVISIONS below       OTHER       OTHER       Image: SPECIAL PROVISIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS       Image: SPECIAL PROVISIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS       Image: SPECIAL PROVISIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS         Insert Contract or Purchase Order Number (Job Descriptions, if Applicable)       Image: Special Provisions       Image: Special Provisions			=						_
A       EMPLOYERS' LABILITY ANY PROPRIETOR/PARTNER/EXECU- TIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below       Enter Policy #       Enter Effective Date       Enter Expiration Date       Enter Expiration Date       Image: Constraints of the constrand of the constraints of the								\$	
TIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below       E.L. EACH ACCIDENT       \$         Image: Distance of the provision of the provisi the provisi the provision of the provision of the pro	Α		EMPLOYERS' LIABILITY	Enter Policy #		<u>^</u>			
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS         Insert Contract or Purchase Order Number (Job Descriptions, if Applicable)							E.L. DISEASE - POLICY LIMIT	\$	
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Insert Contract or Purchase Order Number (Job Descriptions, if Applicable)	DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEH	IICLES / EXCLUSIONS ADDED B	BY ENDORSEMENT / S	PECIAL PROVISIONS		1	—
	Insert Contract or Purchase Order Number (Job Descriptions, if Applicable)								

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
Division of Highway; Dept. of Transportation	EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR
c/o State Contractual Service Engineer	TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE
P. O. Box 25201	LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY
Raleigh, NC 27611	KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE

A	Ć	ORD CERTIF	ICATE OF L	ABILITY	INSURAN		DATE (MM/DD/YYYY) Month/Date/Year
PRODUCER 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.							
		& Phone Number		INSURERS AF	FORDING COVE	RAGE	NAIC #
		INSURED		INSURER A	Name of Insurance	Company	Enter NAIC#
Co	ontrac	tor Name		INSURER B	Name of Insurance	Company (if applicable)	Enter NAIC#
		tor Street Address or P.O. Box		INSURER C	: Name of Insur	ance Company (if applicable	) Enter NAIC#
	ontrac	tor City, State & Zip Code		INSURER D	: Name of Insur	ance Company (if applicable	) Enter NAIC#
				INSURER E	Name of Insurance	Company (if applicable)	Enter NAIC#
		COVERAGES					
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INSR LTR	ADD'I INSRI	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMITS	
А		GENERAL LIABILITY	Enter Policy #	Enter Effective	Enter Expiration	EACH OCCURENCE	\$1,000,000
А	$\boxtimes$		Effect 1 only $\pi$	Date	Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,00
		CLAIMS MADE OCCUR				MED EXP (Any one person)	\$N/A
		⊣				PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$1,000,000
							\$
А		AUTOMOBILE LIABILITY	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Occurrence)	\$
		ALL OWNED AUTOS				BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
А			Enter Policy # (if	Enter Effective	Enter Expiration	AUTO ONLY - EA ACCIDENT	\$1,000,000
11		ANY AUTO	required)	Date	Date	OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
А	$\boxtimes$		Enter Policy # (if	Enter Effective	Enter Expiration	EACH OCCURRENCE	\$4,000,000
		OCCUR CLAIMS MADE	required)	Date	Date	AGGREGATE	\$4,000,000
		DEDUCTIBLE					\$
		RETENTION \$Enter Amount					\$
							\$
Α		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECU-	Enter Policy #	Enter Effective Date	Enter Expiration Date	WC STATU- TORY LIMITS -ER	
		TIVE OFFICER/MEMBER EXCLUDED? If yes, describe under				E.L. EACH ACCIDENT	\$
		SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					
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		TON OF OPERATIONS / LOCATIONS / VEH Intract or Purchase Order Number (J			PECIAL PROVISIONS		

CERTIFICATE HOLDER	CANCELLATION
Division of Highway; Dept. of Transportation c/o State Contractual Service Engineer P. O. Box 25201 Raleigh, NC 27611	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL <u>30</u> 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