



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

xx/xx/xx

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:	
	PHONE (A/C No Ext):	FAX (A/C No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	

IMPORTANT! See Notes Below re: Workers' Compensation Insurance Requirements. Alternate Employer Endorsement Required if Insured is a Provider of Temporary Labor Under A "Labor Only" Agreement or if the Named Insured is Different than the Legal Entity Listed in the Subcontract Agreement (for example, if Named Insured is a PEO).

COVERAGES CERTIFICATE NUMBER: Master 20/21 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 N/S/D	SUBR W/V	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY						
	CLAIMS-MADE ☒ OCCUR	X	X		xx/xx/xx	xx/xx/xx	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	POLICY ☒ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
X	AUTOMOBILE LIABILITY						
	ANY AUTO	X	X		xx/xx/xx	xx/xx/xx	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	HIRED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB ☒ OCCUR						EACH OCCURRENCE \$ 2,000,000
	EXCESS LIAB ☐ CLAIMS-MADE		X		xx/xx/xx	xx/xx/xx	AGGREGATE \$ 2,000,000
	DED ☐ RETENTION \$ \$0						Products/Completed Ops Agg. \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A	X	xx/xx/xx	xx/xx/xx	☒ PER STATUTE ☐ OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

Poli Construction Inc is Additional Insured for General Liability for Ongoing and Completed Operations on a Primary/Noncontributory basis. Waiver of Subrogation for General Liability.

Poli Construction Inc is Additional Insured for Commercial Auto Liability on a Primary and Noncontributory basis. Waiver of Subrogation on Auto Liability.

Umbrella/Excess Liability: Primary and Noncontributory and Waiver of Subrogation be shown on the certificate.

Waiver of Subrogation for Workers Compensation. Alternate Employer Endorsement required of providers of temporary labor working under "labor only" agreements and of those subcontractors that use temporary laborers under "labor only" agreements, that use "leased" or "borrowed" employees or that employ all or part of its workforce via a Professional Employment Organization ("PEO") or similar.

CERTIFICATE HOLDER	CANCELLATION
Poli Construction 7061 Grand National Drive Suite 112 Orlando, FL 32819	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 SAMPLE

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