

CERTIFICATE OF INSURANCE

Sample Insurance Certificate

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.

Producer
 Agent's Name
 Address
 City, State, Zip

COMPANIES AFFORDING COVERAGE

Company Ltr A Insurance Company's Name
 Company Ltr B
 Company Ltr C
 Company Ltr D
 Company Ltr E

Insured
 Name
 Address
 City, State, Zip

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY					General Aggregate \$ 2,000,000
X	Commercial General Liability Claims Made Occur.	Policy #	Eff. Date	Exp. Date	Products-Comp/Op Agg. \$ 2,000,000
	Owner's & Contractor's Protection				Personal & Adv. Injury \$ 1,000,000
					Each Occurrence \$ 1,000,000
					Fire Damage (any one fire) \$ 50,000
X	Wash. State Stop Gap				Med. Expense (any 1 person) \$ 5,000

AUTOMOBILE LIABILITY					Combined Single Limit \$ 1,000,000
X	Any Auto				
X	All Owned Autos	Policy #	Eff. Date	Exp. Date	Bodily Injury (per person) \$
X	Scheduled Autos				Bodily Injury (per accident) \$
X	Hired Autos				Property Damage \$
X	Non-Owned Autos				
X	Garage Liability				

EXCESS LIABILITY					Each Occurrence \$ 2,000,000
	Umbrella Form	Policy #	Eff. Date	Exp. Date	
X	Other than Umbrella Form				Aggregate \$ 2,000,000

WORKERS COMPENSATION and EMPLOYERS LIABILITY					STATUTORY LIMITS
					Each Accident \$
					Disease - Policy Limit \$
					Disease - Each Employee \$

OTHER

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS

Described Job: **Insert Contract Number and Job Name here**
 Re: **Washington Patriot Construction, LLC & Owner are included as primary and non contributory additional insured as respects the described job. (MUST INCLUDE EVIDENCE OF ENDORSEMENT CG 2010 11 85 OR ITS EQUIVILENT)**

CERTIFICATE HOLDER
Washington Patriot Construction, LLC
P.O. Box 2031
Gig Harbor, WA 98335

CANCELLATION
 Should any of the above described policies be canceled before the expiration date thereof, the issuing company will mail 45 days written notice to the Certificate Holder named to the left.
AUTHORIZED REPRESENTATIVE