



CERTIFICATE OF LIABILITY INSURANCE

OP ID: PJ

DATE (MM/DD/YYYY)

11/09/2016

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 Broome Associated Ins Agency P O Box 3858 (630 4th St SW) Hickory, NC 28603		CONTACT NAME: _____ PHONE: _____ FAX (A/C, No): _____ (A/C, No, Ext): _____ (A/C, No): _____ EMAIL: _____ ADDRESS: _____ PRODUCER CUSTOMER ID #: MOSSM-1	
INSURED	Subcontractors Name	INSURER(S) AFFORDING COVERAGE	
	SAMPLE CERTIFICATE	INSURER A: Subcontractors Ins Company	NAIC # 10677
	Subcontractors Address	INSURER B: Subcontractors Ins Company	
	City	INSURER C:	
		INSURER D: **SAMPLE CERTIFICATE**	
		INSURER E:	
		INSURER F:	

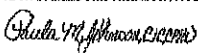
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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.

INBR LTR	TYPE OF INSURANCE	ADDC. SUBR INSR. WAIV	POLICY NUMBER	POLICY BEG (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	X	POLICY #	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO. <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$ 1,000,000	
A	AUTOMOBILE LIABILITY						
	<input checked="" type="checkbox"/> ANY AUTO			POLICY #	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					\$	
A	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR				
	EXCESS LIAB		CLAIMS-MADE				
	DEDUCTIBLE			POLICY #	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> RETENTION \$ 0					AGGREGATE \$ 5,000,000	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A	X	POLICY #	01/01/2017	01/01/2018
	If yes, describe under DESCRIPTION OF OPERATIONS below.						MC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER
							E.L. EACH ACCIDENT \$ 500,000
						E.L. DISEASE - EA EMPLOYEE \$ 500,000	
						E.L. DISEASE - POLICY LIMIT \$ 500,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Moss-Marlow Building Co Inc is listed as an Additional Insured for both on going operations (CG2010 7/04) & products/completed operations (CG2037 7/04) or equivalent forms. Coverage is primary & non-contributory with Waiver of Subrogation for both Workers Compensation & General Liability. A thirty day notice of cancellation or nonrenewal to Certificate Holder.

Project Name:

CERTIFICATE HOLDER Moss-Marlow Building Company Inc. P O Box 2423 Hickory, NC 28603	CANCELLATION 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 

INDEMNIFICATION, HOLD HARMLESS AND INSURANCE AGREEMENT

INDEMNIFICATION AND HOLD HARMLESS

To the fullest extent permitted by law, _____ (Sub Contractor) agrees at its own cost to defend, indemnify and hold harmless _____ (Contractor), its officers, directors, shareholders, agents, representatives, managers, employees and affiliates from and against any and all claims, suits, liens, judgments, damages, losses and expenses including reasonable attorney fees and legal expenses and costs arising in whole or in part and in any manner from the acts, omissions, breach or default for Subcontractor, in connection with the performance of any work by Subcontractor, its officers, directors, agents, employees and subcontractors. This agreement is continuous until terminated by either party with written notice.

INSURANCE

Subcontractor hereby agrees that it will obtain and keep in force an insurance policy/policies to cover its liability to hereunder and to defend and save harmless Contractor in the minimum amount of \$1,000,000 per occurrence for personal injury, bodily injury and property damage, with a \$2,000,000 general aggregate (subject to a per project General Aggregate provision applicable to project) for both ongoing operations and products and completed operations. The Subcontractor's general liability policy must be on a standard ISO form or equivalent with no modifications limiting coverage for Contractual 0 CG 2139 / CG 2426, Damage to work performed by subs, Residential Construction, Earth Movement, or XCU - CG 2143 / CG 2142.

Said liability policies shall (1) name Contractor as an Additional Insured for ongoing operations (CG 20 10 7/04) and products and completed operations (CG 20 37 7/04) or equivalent forms, and (2) be primary and non-contributory to any other insurance policies, which provide insurance protection to Contractor. Subcontractor agrees to maintain the above insurance for the benefit of the Contractor & Owner for period of no less than 3 years, or the expiration of any other applicable Statute of Limitations, whichever is later. Each Certificate of Insurance shall provide that the insurer must give the Contractor at least 30 days written notice of cancellation and termination of the Subcontractors coverage there under. All policies will be underwritten by companies that have at least an A- rating from AM Best.

Subcontractor will obtain and keep in force Workers Compensation insurance including Employees Liability to the full statutory limits. Subcontractor's Workers Compensation Policy will contain a waiver of subrogation in favor of the Contractor.

Subcontractor shall furnish to Contractor certificates of insurance evidencing that the aforesaid insurance coverage is in force. Failure to furnish certificates does not release sub contractor from the insurance requirements listed above.

Sub Contractor: _____

Signature: _____ Date: _____

Project Name: _____