



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/4/2011

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 Name of Agent Address of Agent	CONTACT NAME: Contract Name	
	PHONE (A/C No. Ext): Contract phone FAX (A/C No.): E-MAIL ADDRESS: Contact e-mail	
INSURED Subcontractor Name Subcontractor Address	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A:	
	INSURER B:	Company
	INSURER C:	Company
	INSURER D:	Company
	INSURER E:	name

COVERAGES CERTIFICATE NUMBER: Sample 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	Policy number	Inception Date	Expiration Date	MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COM/POP AGG \$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	X	X	Policy number	Inception Date	Expiration Date	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						\$
D	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 1,000,00
	<input checked="" type="checkbox"/> OCCUR	X	X	Policy number	Inception Date	Expiration Date	\$ 0,000,00
	<input type="checkbox"/> CLAIMS-MADE						\$ 0
	DED RETENTION \$						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X				Y/C STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E L EACH ACCIDENT \$ 1,000,00
	If yes describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Policy number	Inception Date	Expiration Date	E L DISEASE - EA EMPLOYEE \$ 0,000,00
							E L DISEASE - POLICY LIMIT \$ 0,000,00
							0

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Certificate Holder is shown as Additional Insured on General Liability (Form CG2010 or CG2033) and Business Auto policies (form CA0403). Waiver of Subrogation is shown on Workers Compensation, General Liability & Business Auto policies in favor of Certificate Holder. This insurance shall be regarded as Primary & Non-Contributory. All policies will be endorsed to provide 30 day notice of cancellation. A copy of all Additional Insured endorsements must be attached.

CERTIFICATE HOLDER D. Wilson Construction Company P. O. Box 3455 McAllen, TX 78501	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 <i>Original Signature</i>