



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 <Show Date Here>

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 <Show Producer Name & Address Here>	CONTACT NAME: <Show Producer Contact Name Here> PHONE (A/C, No, Ext): <Show Phone #> FAX (A/C, No): <Show Fax #> E-MAIL: <Show E-mail Here> ADDRESS: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Show exact name of Insurance Company</td> <td>Show NAIC #</td> </tr> <tr> <td>INSURER B: Show exact name of Insurance Company</td> <td>Show NAIC #</td> </tr> <tr> <td>INSURER C: Show exact name of Insurance Company</td> <td>Show NAIC #</td> </tr> <tr> <td>INSURER D: Show exact name of Insurance Company</td> <td>Show NAIC #</td> </tr> <tr> <td>INSURER E: Show exact name of Insurance Company</td> <td>Show NAIC #</td> </tr> <tr> <td>INSURER F: Show exact name of Insurance Company</td> <td>Show NAIC #</td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Show exact name of Insurance Company	Show NAIC #	INSURER B: Show exact name of Insurance Company	Show NAIC #	INSURER C: Show exact name of Insurance Company	Show NAIC #	INSURER D: Show exact name of Insurance Company	Show NAIC #	INSURER E: Show exact name of Insurance Company	Show NAIC #	INSURER F: Show exact name of Insurance Company	Show NAIC #
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INSURER F: Show exact name of Insurance Company	Show NAIC #														
INSURED <Show Insured Name & Address Here>															

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			Show Policy # Here	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			Show Policy # Here	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			Show Policy # Here	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ Show maximum Limits Carried
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	Show Policy # Here	MM/DD/YY	MM/DD/YY	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	Professional Liability Pollution Liability			Show Policy # Here Show Policy # Here	MM/DD/YY MM/DD/YY	MM/DD/YY MM/DD/YY	See Chart in Contract \$1,000,000 Occurrence/Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Project Name: <List Project Here>

See Attached Addendum for Additional Remarks

CERTIFICATE HOLDER

Sample Sub Contractor Certificate>

Clark Contractors, LLC
 P O Box 17361
 Little Rock AR 72222

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

<Signature of Agent Must Be Shown Here>



ADDITIONAL REMARKS SCHEDULE

AGENCY <Show Agency Name Here>		NAMED INSURED	
POLICY NUMBER		<Show Insured Name Here>	
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL MARKS IS A SCHEDULE TO ACCORD FORM,

FORM NUMBER 25 FORM TITLE: Certificate of Liability (05/19/2022)

Clark Contractors, LLC & Project Owner(s) are included as Additional Insured under the Auto Liability and Additional Insured under the General Liability for both "Ongoing Operations" per CG2010 (10/01) and CG2038 (12/19) and "Products/Completed Operations" per CG2037 (10/01), endorsements attached as required by written contract. (or state applicable ISO forms if these forms do not comply in your state)

Clark Contractors, LLC and Project Owner MUST be named on the certificate of insurance as Additional Insured under the Subcontractor's General Liability, Automobile Liability, Umbrella Liability, and Pollution Liability, endorsements attached as required by written contract.

A Waiver of Subrogation in favor of Clark Contractors, LLC & Project Owner(s) applies to the General Liability, Auto Liability, Umbrella Liability, Workers Compensation, Professional Liability, and Pollution Liability, endorsements attached as required by written contract.

The Umbrella/Excess policy follows over the above terms and conditions as required by written contract.

The General Liability, Auto Liability, Workers Compensation & Umbrella policies have been endorsed to provide prior written notice of cancellation to Clark Contractors, LLC as required by written contract.