ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/3/08

PRODUCER

USA Insurance Broker
555 Main Street
Anytown USA 99999-0000

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.

COMPANIES AFFORDING COVERAGE

COMPANY A Full Name of Insurance Company writing the Policy

INSURED
ABC Construction *(Name must match the name on the contract exactly)*
123 First Street
San Jose CA 95118

COMPANY B Full Name of Insurance Company writing the Policy

COMPANY C

COMPANY

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 EXPERATION DATE (MM/DD/YY	LIMITS	
A	**GENERAL LIABILITY** X COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCUR OWNER'S & CONTRACTOR'S PROT General Aggregate Limit Applies per: ☐ POLICY ☒ PROJECT ☐ LOC	GL 123456789	4/1/2008	4/1/2009	GENERAL AGGREGATE PRODUCTS-COMP/OP AGG PERSONAL & ADV INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person)	$ 2,000,000 $ 2,000,000 $ 1,000,000 $ 1,000,000 $ 100,000 $ 5,000
A	**AUTOMOBILE LIABILITY** X ANY AUTO X ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	CA123456789	4/1/2008	4/1/2009	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	$ 2,000,000 $ $ $
	GARAGE LIABILITY ANY AUTO				ACCIDENT O ONLY ACCIDENT GGREGATE	$ $ $ $
A	**EXCESS LIABILITY** UMBRELLA FORM OTHER THAN UMBRELLA FORM	EXCESS2468	4/1/2008	4/1/2009	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ $
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: ☐ INCL ☐ EXCL	WC000000	4/1/2008	4/1/2009	X WC STATUTORY LIMITS ☐ OTHER EL EACH ACCIDENT EL DISEASE-POLICY LIMIT EL DISEASE-EA EMPLOYEE	 $ 1,000,000 $ 1,000,000 $ 1,000,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:
Subcontract Number - 30492-SC-AB123. URS | CH2M Oak Ridge LLC and DOE are included as Additional Insured on the General Liability Auto Liability policies. Coverage provided to the additional insured is primary and any insurance or self-insurance maintained by the additional insured's is excess and non-contributory. A waiver of subrogation in favor of URS | CH2M Oak Ridge LLC and DOE applies to all policies listed above.

CERTIFICATE HOLDER

URS | CH2M Oak Ridge LLC &
Department of Energy
c/o (EBIX) Periculum Services Group

PO Box 257
Portland MI 48875-0257

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

CERTIFICATE MUST BE SIGNED *BY AN AUTHORIZED REPRESENTATIVE OF INSURANCE COMPANY*

EXAMPLE