

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

**PRODUCER**

**INSURED**

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.

**INSURERS AFFORDING COVERAGE**

- INSURER A:
- INSURER B:
- INSURER C:
- INSURER D:
- INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<p><b>GENERAL LIABILITY</b></p> <p><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p>CLAIMS MADE <input checked="" type="checkbox"/> OCCUR</p> <p>GENL AGGREGATE LIMIT APPLIES PER  <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC</p>				<p>EACH OCCURRENCE \$ 1,000,000</p> <p>FIRE DAMAGE (Any one fire) \$ 50,000</p> <p>MED EXP (Any one person) \$ 5,000</p> <p>PERSONAL &amp; ADV INJURY \$ 1,000,000</p> <p>GENERAL AGGREGATE \$ 2,000,000</p> <p>PRODUCTS - COMPOSSG \$ 2,000,000</p>
A	<p><b>AUTOMOBILE LIABILITY</b></p> <p><input checked="" type="checkbox"/> ANY AUTO</p> <p>ALL OWNED AUTOS</p> <p>SCHEDULED AUTOS</p> <p><input checked="" type="checkbox"/> HIRED AUTOS</p> <p><input checked="" type="checkbox"/> NON-OWNED AUTOS</p> <p>GARAGE LIABILITY</p> <p>ANY AUTO</p>				<p>COMBINED SINGLE LIMIT (Ea each accident) \$ 1,000,000</p> <p>BODILY INJURY (Per person) \$</p> <p>BODILY INJURY (Per person) \$</p> <p>PROPERTY DAMAGE (Per accident) \$</p> <p>AUTO ONLY-EA ACCIDENT \$</p> <p>OTHER THAN EA ACC \$</p> <p>AUTO ONLY ACC \$</p> <p>EACH OCCURRENCE \$ 1,000,000</p> <p>AGGREGATE \$ 1,000,000</p>
A	<p><b>EXCESS LIABILITY</b></p> <p><input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE</p> <p>DEDUCTIBLE RETENTION \$</p>				<p>EACH OCCURRENCE \$</p> <p>AGGREGATE \$</p>
A	<p><b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b></p>				<p><input checked="" type="checkbox"/> IWC STATUTORY LIMITS <input type="checkbox"/> OTHER</p> <p>E.L. EACH ACCIDENT \$ 500,000</p> <p>E.L. DISEASE - EA EMPLOYER \$ 500,000</p> <p>E.L. DISEASE - POLICY LIMIT \$ 500,000</p>
	OTHER				

**\*\* YOUR INSURANCE MUST HAVE COVERAGE FOR THE FOLLOWING - GENERAL LIABILITY, AUTOMOBILE LIABILITY, EXCESS/UMBRELLA LIABILITY AND WORKERS COMPENSATION & EMPLOYERS' LIABILITY OR IT DOES NOT MEET THE REQUIREMENTS PER YOUR SUBCONTRACT AGREEMENT\***

**\*\* YOUR INSURANCE MUST READ AS FOLLOWS \*\***

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

**Project:**  
 Bowen & Watson, Inc. and (Owner) are included as an additional insured for on-going and completed operations. This coverage shall be primary and non-contributory for the additional insured. General Aggregate limits apply "per project". General Liability and Auto Policies provide a waiver of subrogation in favor of the additional insureds.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: \_\_\_\_\_

CANCELLATION

Bowen & Watson, Inc.  
 P.O. Box 877  
 Toccoa, Georgia 30677

Office - 706-886-3197  
 Fax - 706-886-3010

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

AUTHORIZED REPRESENTATIVE