

CERTIFICATE OF INSURANCE

ISSUE DATE:

Rev. 09/09

PRODUCER:

HEFFERNAN INSURANCE BROKERS
1350 CARLBACK AVENUE
WALNUT CREEK, CA 94596 (925) 934-8500

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 OTHER COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A	Neverfail Insurance Company
COMPANY LETTER B	Alwaysthere Indemnity Company
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

INSURED:

Excellent Subcontractors, Inc.
123 Main Street
Yourtown, USA 12345

COVERAGES AND LIMITS

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 EFF. DATE	POLICY EXP. DATE	DESCRIPTION	LIMITS
A	GENERAL LIABILITY	12345	1/1/07	1/1/10	GENERAL AGGREGATE	2,000,000
	<input checked="" type="checkbox"/> COMM. GENERAL LIAB.				PROD-COMP/OP AGG.	2,000,000
	<input type="checkbox"/> CLAIMS MADE				PERS & ADV. INJURY	1,000,000
	<input checked="" type="checkbox"/> OCCURRENCE				EACH OCCURRENCE	1,000,000
	<input checked="" type="checkbox"/> Per Project Aggregate				FIRE DAMAGE (One Fire)	50,000
	<input type="checkbox"/>				MEDICAL EXPENSE (One Person)	5,000
A	AUTOMOBILE LIABILITY	678910	1/1/07	1/1/10	COMBINED SINGLE LIMIT	1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per Person)	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per Accident)	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	EXCESS LIABILITY				EACH OCCURRENCE	
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
B	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY	1112131415	10/1/07	10/1/10	<input checked="" type="checkbox"/> STATUTORY LIMITS	
	EACH ACCIDENT				1,000,000	
	DISEASE - POLICY LIMIT				1,000,000	
	DISEASE - EACH EMPLOYEE				1,000,000	
	OTHER INSURANCE					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

Re: WLB Project # 109109 Big Construction Project for City of Anytown, CA
 See attached CG 2010 (11/85 ed.) for Additional Insured and Primary Wording
 *Subject to 10 days notice of cancellation for non-payment of premium.

NAME AND ADDRESS OF CERTIFICATE HOLDER:

W. L. Butler Construction, Inc.
204 Franklin Street
Redwood City, CA 94063

This is a sample and is intended only as a guide.
Please insert your specific data.

CANCELLATION:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED 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.

AUTHORIZED REPRESENTATIVE:

POLICY NUMBER: 12345
NAMED INSURED: Excellent Subcontractors, Inc.

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED — OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART. SCHEDULE

NAME OF PERSON OR ORGANIZATION:

W. L. Butler Construction, Inc., its officers, directors and employees; The Owner, its directors, officers and employees are named additional insured.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

THE INSURANCE PROVIDED BY THIS ENDORSEMENT WITH THE ADDITIONAL INSURED NAMED IN THE SCHEDULE IS PRIMARY. OTHER INSURANCE AFFORDED TO THE ADDITIONAL INSURED SHALL APPLY AS EXCESS OF AND NOT CONTRIBUTE WITH THE INSURANCE AFFORDED BY THIS ENDORSEMENT.