<u> </u>		;AT	ΕO	F LIAB		' IN	SU	RANC	E Date (MM/DD/YR) ay's Date	
CERT THIS REPF	CERTIFICATE IS ISSUED AS A MATTER IFICATE DOES NOT AFFIRMATIVELY OF CERTIFICATE OF INSURANCE DOES NO RESENTATIVE OR PRODUCER, AND THE	R NEGA ⁻ DT CONS E CERTIF	TIVELY STITUTE FICATE	AMEND, EXTENI E A CONTRACT E HOLDER.	D OR ALTE BETWEEN	ER THE I THE IS	COVE	ERAGE AFFO G INSURER(S	RDED BY THE POLI 6), AUTHORIZED	CIES BELOW.	
and c	RTANT: If the certificate holder is an ADDI onditions of the policy, certain policies requ endorsement(s).										
PRO	DUCER				CONTA NAME:		JA	NE DOE			
Broker Name, Address and					PHONE	PHONE 555-555 FAX 555-5556					
Phone Number						(A/C,No,Ext): (A/C,No):					
					ADDRE	ESS:		e.doe@yahoo			
INSU							1	RDING CO		NAIC #	
	Contractors, Inc				INSUR INSUR			eral Liability Ca Liability Carrie			
	Iain Street				INSUR	ER C:		rella Carrier	<u> </u>		
	Town, CA 95000					VIEWER INVESTIGATION		kers Compensat			
						NSURER E: Professional-Pollution Liab. Carrier NSURER F:					
		FICATE				REVISION NUMBER:					
NOTW	S TO CERTIFY THAT POLICIES OF INSURANC ITHSTANDING ANY REQUIREMENT, TERM OF	R CONDIT	TION OF	ANY CONTRACT O	OR OTHER D	DOCUME	NT WI	TH RESPECT T	O WHICH THIS CERTIF	ICATE MAY BE	
ISSUE	D OR MAY PERTAIN, THE INSURANCE AFFOR POLICIES. LIMITS SHOWN MAY HAVE BEEN I	RDED BY	THE PO	LICIES DESCRIBED) HEREIN IS	SUBJE	ст то	ALL THE TERM	S, EXCLUSIONS AND (CONDITIONS OF	
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUME	BER	POLICY		POLICY EXP	LIMITS	3	
LTR	GENERAL L LIABILITY	INSR Y	WVD			(MM/DD/		(MM/DD/YYYY)	EACH OCCURRENCE	\$1,000,000	
A	X COMMERCIAL GENERAL LIABILITY			ABC123-M		11/01/201	15	11/01/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000	
	CLAIMS-MADE X OCCUR						- T		MED EXP (Any one person)	,	
	X Per Project Aggregate		1			-			PERSONAL & ADV INJURY		
		-	ų			Í		W	GENERAL AGGREGATE	\$2,000,000	
	GEN'L. AGGREGATE LIMIT APPLIES PER	1							PRODUCTS - COMP/OP A	GG \$2,000,000	
	POLICY X PROJECT LOC	_	ļ'					ļ		\$	
В	AUTOMOBILE LIABILITY	Y							COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	X ANY AUTO			ABC123-N		11/01/201	15	11/01/2016	BODILY INJURY (Per perso	n) \$	
	ALL OWNED AUTOS SCHEDULED AUTOS								BODILY INJURY (Per accide	ent) \$	
	X HIRED AUTOS X AUTOS	V			4				PROPERTY DAMAGE (Per accident)	\$	
					L.				(Per accident)	\$	
С	X UMBRELLA LIAB X OCCUR		4	ABC123-0	-	11/01/201	15	11/01/2016	EACH OCCURRENCE	\$5,000,000	
	EXCESS LIAB CLAIMS-MADE								AGGREGATE	\$5,000,000	
	DED RETENTION \$							ļ	WC STATU-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								X TORY LIMITS	OTHER	
D	ANY PROPRIETOR/PARTNER/EXECUTIVE/ OFFICER/MEMBER EXCLUDED?] N/A	Y	ABC123-P		11/01/201	15	11/01/2016	E.L. EACH ACCIDENT	\$1,000,000	
	(Mandatory in N.H.) If yes, describe under DESCRIPTION OF								E.L. DISEASE - EA EMPLOY		
	OPERATIONS below			 					E.L. DISEASE - POLICY LIN	MIT \$1,000,000	
E	Professional and Pollution Liability (if applicable)			ABC123-Q		11/01/201	15	11/01/2016	Each Occ/Agg	\$1,000,000	
	IPTION OF OPERATIONS / LOCATIONS / VEHICLES (1		
RE: W	L. Butler Project Name and Number: (JOB 1	IAME,	JOB A	DDRESS, CITY	& STATE	<u> </u>	3# ##	###)			
	rements: W.L. Butler Construction, Inc., its of										
	ed by Owner are included as Additional Insured				<mark>iability. Cov</mark>	/erage is	Primar 1997	<mark>y/Non-Contrib</mark> i	utory. Waiver of Subrog	gation	
applies	s to the General Liability, Auto Liability and W	orkers Co	ompensa	tion.							
CERT	IFICATE HOLDER			CANC	ELLATION	1					
-											
W. L. Butler Construction, Inc.											
5666 La Ribera Street Suite. A											
Livermore, CA 94550											
*This is a sample and is intended only as a guide.											
Please insert your specific data. Signature											

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DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:
Named Insured:	
	(Authorized Representative)

SCHEDULE

Name of Person(s) or Organization(s): PER WRITTEN CONTRACT

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

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization: PER WRITTEN CONTRACT

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

- A. Section II Who Is An Insured 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 ongoing operations performed for that insured.
- **B.** With respect to the insurance afforded to these additional insureds, the following exclusion is added:
 - 2. Exclusions

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

PER WRITTEN CONTRACT

Location And Description of Completed Operations:

Additional Premium:

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

Section II – Who Is An Insured 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" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations haz-ard".

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

PER WRITTEN CONTRACT

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "productscompleted operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT-CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be _____% of the California workers' compensation premium otherwise due on such remuneration.

Schedule

Person or Organization

Job Description

PER WRITTEN CONTRACT

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PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

SCHEDULE:

PER WRITTEN CONTRACT

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:

Endorsement Effective Date:

SCHEDULE

Name(s) Of Person(s) Or Organization(s):

Where required by written contract or agreement executed prior to loss (except where not permitted by law).

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Oth**ers **To Us** Condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.