

Masters Construction and Development Sample Insurance Certificate

ACCORD	CERTIFICATE OF LIABILITY INSURANCE	Issue Date			
PRODUCER Your Insurance Agency Name/Address/Phone/Fax		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 LETTER	A 123 Insurance Company			
	INSURER LETTER	B 456 Insurance Company			
INSURED YOUR COMPANY NAME	INSURER LETTER	C 789 Insurance Company			
YOUR COMPANY ADDRESS	INSURER LETTER	D ABC Insurance Company			
YOUR COMPANY PHONE/ FAX NUMBER	INSURER LETTER	E EFG Insurance Company			
COVERAGES					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED OT 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 EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> INDEPENDENT CONTRACT COVERAGE <input type="checkbox"/> CONTRACTUAL LIABILITY <input checked="" type="checkbox"/> PER PROJECT AGGREGATE	12345678	1/1/20XX	1/1/20XX	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS COMPLETED OPERATIONS AGGREGATE \$ 1,000,000 PERSONAL INJURY \$ 500,000 MED. EXPENSE(any one Person) \$ 5,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE \$
C	<input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
D	WORKER'S COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	12345678	1/1/20XX	1/1/20XX	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ 100,000 DISEASE-EACH EMPLOYEE \$ 500,000 DISEASE-POLICY LIMIT \$ 500,000
E	OTHER				\$
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS					
Certificate Holder is listed as Additional Insured with respect to General Liability.					
CERTIFICATE HOLDER			CANCELLATION		
Masters Construction and Development, LLC 13617 North Florida Avenue Tampa, FL 33613			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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. _____ AUTHORIZED REPRESENTATIVE X		