CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the										
certificate holder in lieu of such endorsement(s).										
PRODUCER CONTACT NAME:										
Insurance Agency's/Brokerage's Name						PHONE FAX				
And Address						(A/C, No, Ext): (A/C, No): E-MAIL				
						ADDRESS: PRODUCER				
						CUSTOMER ID #:				
INSURED						INSURER(S) AFFORDING COVERAGE				
				11	INSURER A: General Liability Insurer (A.M. Best Rated A-VIII or better)					
Contractor's Name and Address						INSURER B: Automobile Liability Insurer (A.M. Best Rated A-VIII or better)				
						INSURER C: Excess Liability Insurer (A.M. Best Rated A-VIII or better)				
						INSURER D: Workers' Compensation Insurer (A.M. Best Rated A-VIII or better)				
						SURER E: Equipment Floater Insurer (A.M. Best Rated A-VIII or better)				
COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER:		
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.										
INS		ADDL	SUBR	POLIC		POLICY EFF (MM/DD/YYY	POLICY EXP			
LTR A	TYPE OF INSURANCE	INSR	WVD	NUMBE	-n	Y)	(MM/DD/YYYY)	LIMITS EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	\$50,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) MED EXP (Any one person)	\$5,000	
	X Contractual Liability	х	x	Policy	-			PERSONAL & ADV INJURY	\$1,000,000	
				Numb	er			GENERAL AGGREGATE	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$1,000,000	
	POLICY X PROJECT X LOC									
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	X ANY AUTO							BODILY INJURY (Per person)		
	ALL OWNED AUTOS							BODILY INJURY (Per accident)		
	SCHEDULED AUTOS	X	X	Polic Numb				PROPERTY DAMAGE (Per		
	X HIRED AUTOS				-			Accident)		
	X NON-OWNED AUTOS									
•										
С	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$ 4,000,000	
	EXCESS LIAB CLAIMS-MADE	x	х	Polic				AGGREGATE	\$ 4,000,000	
	DEDUCTIBLE			Numb	er					
	RETENTION \$									
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							X WC STATU- TORY LIMITS X OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		v	Policy	v			E.L. EACH ACCIDENT	\$ 500,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	х	Numb				E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,000	
Е	Equipment Floater			Policy	-			Equipment Value \$		
DES				Numb						
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS										
(NJSDA Contract Number-School District-Contract Name-Description-Contract Amount) All On-site and Off-site Activities and Operations on, about or away from an NJSDA OCIP Project Site.										
	ollowing are named as additional Insureds on a Primary and Non-ce ella/Excess Liability and Pollution Liability (if applicable), as respected									
Umbrella/Excess Liability and Pollution Liability (if applicable), as respects On-Site and Off-Site Activities and Operations: NJ Schools Development Authority, NJ Economic Development Authority, NJ Department of Education, The State, the Project School District, the CM and the Design Consultant, and their respective officers, directors, members,										
employees, representatives and agents. Waiver of Subrogation in favor of named additional insureds applies to all policies. CERTIFICATE HOLDER CANCELLATION										
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED 30 DAYS BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE				
NJSDA 32 East Front Street								E WITH THE POLICY PROVI		
PO Box 991						AUTHORIZED REPRESENTATIVE				
Trenton, NJ 08625-0991										
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