

ACORD	CERTIFICATE OF INSURANCE	Issue Date
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PRODUCER : Broker Name Address Telephone Number	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.
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	COMPANIES AFFORDING COVERAGE
	A. Carrier Name Here
	B.
	C.
	D.
	E.

COVERAGES

THIS IS TO CERTIFY THAT 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 OR SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$2,000,000
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	(Policy Number)	Eff. Date	Exp. Date	PRODUCTS-COMP/OP AGGREGATE \$1,000,000
	<input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE				PERSONAL & ADV INJURY \$1,000,000
	<input checked="" type="checkbox"/> CONTRACTUAL LIABILITY				EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> PER PROJECT AGGREGATE				FIRE DAMAGE (Any one fire) \$ 100,000
					MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				
A	<input checked="" type="checkbox"/> ANY AUTO	(Policy Number)	Eff. Date	Exp. Date	COMBINED SINGLE LIMIT \$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person)
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per Accident)
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE
	<input checked="" type="checkbox"/> NON-OWNED				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY
					EACH ACCIDENT: \$
					AGGREGATE \$
A	EXCESS LIABILITY	(Policy Number)	Eff. Date	Exp. Date	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$1,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	(Policy Number)	Eff. Date	Exp. Date	<input checked="" type="checkbox"/> STATUTORY LIMITS
	<input type="checkbox"/> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:				EACH ACCIDENT \$1,000,000
	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL				DISEASE - POLICY LIMIT \$1,000,000
					DISEASE - EACH EMPLOYEE \$1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
ALL OPERATIONS (OR SPECIFIC JOB NAME) OF THE NAME INSURED ON BEHALF OF THE CERTIFICATE HOLDER. CERTIFICATE HOLDER AND ALL OTHER REQUIRED BY CONTRACT DOCUMENTS ARE HERBY NAMED AS ADDITIONAL INSURED (GL/EXCESS) PER THE ATTACHED ENDORSEMENTS.

CERTIFICATE HOLDER	CANCELLATION
LEVEL 3 CONSTRUCTION, INC. 5910 Sea Lion Pl. Suite 180 Carlsbad, CA 92008	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT (STRIKEOUT OF WORDING IS REQUIRED)
	AUTHORIZED REPRESENTATIVE (Signed by Authorized Signature)

JOB – NAME HERE
SAMPLE ADDITIONAL INSURED ENDORSEMENT

POLICY NUMBER:
GENERAL LIABILITY
INSURED:

COMMERCIAL

**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:

THE PERSON OR ORGANIZATION REFERENCED ON THE ATTACHED CERTIFICATE OF INSURANCE FOR WHOM YOU HAVE SPECIFICALLY AGREED IN WRITING TO PROVIDE ADDITIONAL INSURED STATUS UNDER THIS POLICY.

LEVEL 3 CONSTRUCTION, INC – (GENERAL CONTRACTOR)
Property Owner's Name – (PROPERTY OWNER)

RE: Job Name

(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.

PRIMARY INSURANCE: The coverage provided the additional insured is primary and any liability insurance policy where the additional insured is a named insured will be considered excess insurance of any damages covered by this policy, we will not seek contribution from the preceding described excess insurance for our named insured's liability imputed to this additional insured.

FORMS REQUESTED:

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OR

**EQUIVALENT WORDED ADDITIONAL INSURED ENDORSEMENT PROVIDING COMPLETED OPERATIONS
PROTECTION FOR ADDITIONAL INSUREDS.**