



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 Provide Agent's Information	CONTACT NAME: Provide Information	
	PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
INSURED Name and Address of Contractor	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Insurance Company with NAIC # (A- or better)	
	INSURER B: Insurance Company with NAIC # (A- or better)	
	INSURER C: Insurance Company with NAIC # (A- or better)	
	INSURER D: Note: Dryden Mutual Insurance Company	
	INSURER E: (coverage for construction related exposures not sufficient) therefore not accepted by Hueber-Breuer.	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 836353280

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	Y	Provide Policy Number	Provide Policy Term		EACH OCCURRENCE \$1,000,000. DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000. MED EXP (Any one person) \$10,000. PERSONAL & ADV INJURY \$1,000,000. GENERAL AGGREGATE \$2,000,000. PRODUCTS - COMP/OP AGG \$2,000,000. \$
A	AUTOMOBILE LIABILITY <input checked="" 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	Y	Y	Provide Policy Number	Provide Policy Term		COMBINED SINGLE LIMIT (Ea accident) \$1,000,000. BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ Indicate if any	Y	Y	Provide Policy Number	Provide Policy Term		EACH OCCURRENCE \$5,000,000. AGGREGATE \$5,000,000.
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	Provide Policy Number	Provide Policy Term		<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000. E.L. DISEASE - EA EMPLOYEE \$500,000. E.L. DISEASE - POLICY LIMIT \$500,000.
C A	NYS Disability Installation Floater / Builder's Risk			Provide Policy Number Provide Policy Number	Provide Policy Term Provide Policy Term		Statutory Indicate limit: \$ Indicate deductible: \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Enter project info and project number

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Hueber-Breuer Construction Co., Inc.
PO Box 515
Syracuse, New York 13205

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED Name and Address of Contractor	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Must indicate all Applicable Form Numbers and attach copies of all

**Coverages must apply for all Additional Insureds as indicated in Contract/Agreement.
(Example: Contractors; Non-Contractors; Town/City and/or Engineer/Architect etc.)**

GENERAL LIABILITY

Additional Insured status applies on a Primary and Non-Contributory Basis including Completed Operations under the General Liability per Form(s) _____.

Waiver of Subrogation applies per Form _____.

30 days notice of cancellation applies except for non-payment of premium per Form _____.

AUTOMOBILE LIABILITY

Additional Insured status applies on a Primary and Non-Contributory Basis under the Automobile Liability per Form(s) _____.

Waiver of Subrogation applies per Form _____.

30 days notice of cancellation applies except for non-payment of premium per Form _____.

WORKER'S COMPENSATION

Waiver of Subrogation applies per Form _____.

30 days notice of cancellation applies except for non-payment of premium per Form _____.

UMBRELLA LIABILITY

The Umbrella Coverage follows form to the General Liability; Automobile Liability and Worker's Compensation Policies per Form(s) _____.

30 days notice of cancellation applies except for non-payment of premium per Form _____.