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

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** X COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] 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** X ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] 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	X **UMBRELLA LIAB** [X] OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [X] 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** Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	Provide Policy Number	Provide Policy Term		X WC STATU-TORY LIMITS [ ] OTH-ER	
							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: $	

Sample

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

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

CANCELLATION

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

© 1988-2010 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: _____

LOC #: _____

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 _____.

Sample

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 _____.

© 2008 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD