

<b>ACORD</b>	<b>CERTIFICATE OF INSURANCE</b>	DATE (MM/DD/YY)
PRODUCER	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.	
NAME AND ADDRESS OF INSURANCE AGENCY	INSURERS AFFORDING COVERAGE	
INSURED	INSURER A:	
NAME AND ADDRESS OF SUBCONTRACTOR	INSURER B:	
	INSURER C:	
	INSURER D:	

**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, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CER

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE    \$ 1,000,000 FIRE DAMAGE (Any one fire)    \$ 50,000 MED EXP (Any one person)    \$ - PERSONAL & ADV INJURY    \$ 1,000,000 GENERAL AGGREGATE    \$ 2,000,000 PRODUCTS-COMP/OP AGG    \$ 100,000
	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				COMBINED SINGLE LIMIT (Ea accident)    \$ 1,000,000  INJURY (Per person)    \$ - INJURY (Per accident)    \$ - DAMAGE (Per    \$ - - EA ACCIDENT    \$ - AN    EA ACC    \$ - :    AGG    \$ - JRRENCE    \$ - E    \$ - /COMP    \$ - EGATE    \$ - \$ - TORY LIMITS    \$ - ACCIDENT    \$ - E.L. DISEASE-EA EMPLOYEE    \$ - E.L. DISEASE-POLITY LIMIT    \$ -
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIM  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				
	WORKERS COMPENSATION EMPLOYERS LIABILITY				
	OTHER				

**Sample**

**Your certificate of insurance must show the following:**

1. Your current General Liability coverage.
2. Your current Workers Comp coverage.
3. Fisher Commercial Construction, Inc. as additional insured.
4. Fisher Commercial Construction, Inc. in favor of waiver of subrogation
5. Fisher Commercial Construction, Inc. as the certificate holder.
6. If Workers Comp coverage is not provided form DWC-83 must be provided and signed by an officer of the company.

**MUST READ EXACTLY AS PRINTED BELOW**

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
**(Must be listed here)**  
 Fisher Commercial Construction, Inc. is added as an additional insured on the G/L policy shown above. In addition a waiver of subrogation is issued in favor of Fisher Commercial Construction, Inc. for the G/L & W/C Insurance

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER	CANCELLATION
<b>Fisher Commercial Construction, Inc.</b> <b>P.O. Box 591549</b> <b>Houston, TX 77259</b>		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER 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 LI AUTHORIZED REPRESENTATIVE