

ACORD [®] CERTIFICATE OF LIABILITY INSURANCE							DATE	DATE (MM/DD/YYYY)		
						XX	/xx/xxxx			
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. T										
	ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS									
	EPRESENTATIVE OR PRODUCER, AI					CONTRACT			.(3), AU	monized
	IPORTANT: If the certificate holde									
	e terms and conditions of the policy				ndorse	ement. A sta	tement on th	is certificate does not	confer r	ights to the
	ertificate holder in lieu of such endors	seme	nt(s)		CONTA	ст				
PRODUCER CONTACT NAME: PHONE FAX										
	AGENT				(A/C, No E-MAIL			(A/C, No)	:	
	ADDRESS CITY			_	ADDRE					
C				-			D CARRIER	OR BETTER		NAIC #
INSU	RED				INSURE					
				Ē	INSURE					+
	Insured Name and Address			Ē	INSURE					
					INSURER E :					
					INSURE					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		•
	HIS IS TO CERTIFY THAT THE POLICIE									
	IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY									
	XCLUSIONS AND CONDITIONS OF SUCH		CIES.	LIMITS SHOWN MAY HAVE E	BEEN F	REDUCED BY				
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	TS	
			v		e xx/xx/xx		XX/XX/XX	EACH OCCURRENCE DAMAGE TO RENTED		000,000
		X	X					PREMISES (Ea occurrence)		0,000
А								MED EXP (Any one person)	\$5,0	
				POLICY NUMBER		XX/XX/XX		PERSONAL & ADV INJURY		000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		000,000
						ELECTRONIC DATA LIAB			000,000.00	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		000,000
	X ANY AUTO	x	x	POLICY NUMBER	xx/xx/xx	xx/xx/xx	BODILY INJURY (Per person)	\$	000,000	
А	ALL OWNED SCHEDULED			robrer nonden				BODILY INJURY (Per accident) \$	
	AUTOS AUTOS X HIRED AUTOS X AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	X UMBRELLA LIAB X OCCUR				. xx/xx/xx		xx/xx/xx	EACH OCCURRENCE	\$1,	000,000
A	EXCESS LIAB CLAIMS-MADE	Х	X	POLICY NUMBER		XX/XX/XX		AGGREGATE	\$	
	DED RETENTION \$							\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							X PER OTH- STATUTE ER	<u> </u>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		OH STOP GAP OR		XX/XX/XX	E.L. EACH ACCIDENT	\$1,	000,000	
	(Mandatory in NH) If yes, describe under			WC/EMPLOYERS L	IAB		E.L. DISEASE - EA EMPLOYE	/	000,000	
	DESCRIPTION OF OPERATIONS below	TION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,	,000,000
С	PROFESSIONAL(IF REQUIRED)	х		POLICY NUMBER		xx/xx/xx	xx/xx/xx	\$2,000,000.00		
D	POLLUTION LIAB(IF REQ'D)	x						\$2,000,000.00		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC									
Cert	Certificate holder and Owner are included as Additional Insured with respects to liability arising from work performed by the above insured per CG2010 11/85									

(or it's equivalent) for Ongoing and Completed Operations. Certificate Holder and Owner are Additional Insured on Auto Liability Coverage. Waiver of Subrogation applies in favor of the Additional Insured and Owner on General Liability, Automobile and Umbrella policies. Insurance is Primary and Non-Contributory in favor of the Additional Insured and Owner on General, Automobile and Umbrella Liability policies. Umbrella coverage is endorsed to meet above requirements or is follow form. The per project aggregate applies per form CG2503 or its equivalent. This applies to all projects. 30 days notice of cancellation or reduction in coverage to the Additional Insured and Owner, except 10 days notice for non-payment of premium, applies. Worker's Comp coverage applies to Project location state. Employers Lability included within Worker's Comp or General Liability coverage applies. If Design or Engineering SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
Model Construction LLC 1826 Race Street Cincinnati. OH 45202	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
	SIGNATURE
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AGENCY CUSTOMER ID: DMER ID: _____ LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED Insured Name and Address
POLICY NUMBER		-
SEE PAGE 1		
CARRIER	NAIC CODE	-
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Services are provided professional liability applies. If Environmental or Remediation Services are provided Pollution Liability applies (if available naming certificate holder and owner as additional insured).

Insurance Requirements

Subcontractors/Suppliers shall provide no less than the following coverage:

A. General Liability:

Per Occurrence	\$1,000,000.00
Damage To Rented Premises (Per Occurrence)	\$100,000.00
General Aggregate	\$2,000,000.00
Products & Completed Operations Aggregate	\$2,000,000.00
Personal & Advertising Injury Limit	\$1,000,000.00
Electronic Data Liability	\$1,000,000.00
Additional Requirements:	

- Model Construction LLC and Owner are to be additional insureds on subcontractor's policy as per form CG 2010 11/85 or CG2010 10/01 and CG 2037 10/01 or using substitute forms that provide equivalent coverage.
- General Aggregate to apply on a per-project basis
- Waiver of Subrogation in favor of Model Construction LLC and Owner
- Subcontractor's insurance to apply on a primary and non-contributory basis as to Model Construction LLC and Owner
- Products & Completed Operations Insurance to be maintained for a period of two years from Project's Certificate of Occupancy date

\$1,000,000

B. Automobile Liability:

Combined Single Limit

Additional Requirements:

- Model Construction LLC and Owner are to be additional insureds
- Subcontractor's auto liability insurance to apply to any auto, all owned, hired and non-owned
- Waiver of Subrogation in favor of Model Construction LLC and Owner
- Subcontractor's insurance to apply on a primary and non-contributory basis as to Model Construction LLC and Owner

C. Umbrella:

Per Occurrence

Aggregate

Additional Requirements:

- Follow form for additional insured and primary & non-contributory (or endorsed)
- Waiver of Subrogation in favor of Model Construction LLC and Owner

D. Workers Compensation:

Workers' Comp and Employer's Liability is required for the state the project is located

Slate	
Employers Liability (or Ohio Stop Gap if project is in Ohio)	-
Bodily Injury by Accident	\$1,000,000 Each Accident
Bodily Injury by Disease	\$1,000,000 Policy Limit
Bodily Injury by Disease	\$1,000,000 Each Employee

E. Professional Liability: (If Design or Engineering Services are provided)

Each Claim			\$1,000,000
Total Limit			\$2,000,000
Maximum Deductible			\$100,000

Additional Requirements:

- The General Aggregate shall be Project Specific
- The Insurance shall contain prior acts coverage sufficient to cover all of the Subcontractor's Work rendered by Subcontractor or its Designer(s)
- The Insurance shall be continued in effect with an extended period of two (2) years following final payment to Subcontractor and the deductible shall be paid by Subcontractor or Designer(s)

F: Pollution Liability: (If Environmental or Remediation Services a	are provided)
Each Claim	\$1,000,000
Total Limit	\$2,000,000
Maximum Deductible	\$100,000
Additional Requirements:	

If reasonably available, name additional insureds as required under CGL

G. Certificates of Insurance:

Subcontractor shall provide a Certificate of Insurance that complies with the insurance requirements noted above. Such certificate of insurance shall state that insurer WILL provide no less than 30 days notice for any cancellation or reduction in coverage. Such certificate shall also designate **Model Construction LLC and Owner** as additional insureds and **Model Construction LLC** as the certificate holder.

\$1.000.000

\$1,000,000