



# EXHIBIT C-2 SAMPLE CERTIFICATE OF INSURANCE

## 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 have ADDITIONAL INSURED provisions or 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).**

<p><b>PRODUCER</b></p> <p style="text-align: center; color: red; font-weight: bold;">Subcontractor's Insurance Broker</p>	<p><b>CONTACT NAME:</b> <span style="color: red;">Provide Agent Contact Info</span></p> <p><b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____</p> <p><b>E-MAIL ADDRESS:</b> _____</p> <hr/> <p style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></p> <p><b>INSURER A:</b> <span style="color: red;">Carrier Info</span></p> <p><b>INSURER B:</b> _____</p> <p><b>INSURER C:</b> _____</p> <p><b>INSURER D:</b> _____</p> <p><b>INSURER E:</b> _____</p> <p><b>INSURER F:</b> _____</p>
<p><b>INSURED</b></p> <p style="color: red; font-weight: bold;">Name of Subcontractor - MUST match the name as written in the Master Agreement</p>	<p style="text-align: right;"><b>NAIC #</b></p>

**COVERAGES** **CERTIFICATE NUMBER:** \_\_\_\_\_ **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  <input checked="" type="checkbox"/> <span style="color: red; font-weight: bold;">Contractual Liability</span> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			Policy Number		Current Dates Required	EACH OCCURRENCE \$ <span style="color: red;">1,000,000</span> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <span style="color: red;">1,000,000</span> MED EXP (Any one person) \$ <span style="color: red;">10,000</span> PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ <span style="color: red;">2,000,000</span> PRODUCTS - COMP/OP AGG \$ <span style="color: red;">2,000,000</span> \$ _____
<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ <span style="color: red;">1,000,000</span> BODILY INJURY (Per person) \$ <span style="color: red;">1,000,000</span> BODILY INJURY (Per accident) \$ <span style="color: red;">1,000,000</span> PROPERTY DAMAGE (Per accident) \$ <span style="color: red;">1,000,000</span> \$ _____
<input checked="" type="checkbox"/>	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____			Follows Form			EACH OCCURRENCE \$ <span style="color: red;">1,000,000</span> AGGREGATE \$ <span style="color: red;">1,000,000</span> \$ _____
<input type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <b>(Mandatory in NH)</b> If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ <span style="color: red;">1,000,000</span> E.L. DISEASE - EA EMPLOYEE \$ <span style="color: red;">1,000,000</span> E.L. DISEASE - POLICY LIMIT \$ <span style="color: red;">1,000,000</span>
<input type="checkbox"/>	This section is to evidence Pollution Liability or Professional Liability if required						1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Jamail & Smith Construction, LP is named as additional insured with respect to general liability, auto and umbrella policies. A waiver of subrogation in favor of Jamail & Smith Construction, LP on all policies. All policies are primary and non-contributory.  
 \*\*\*Additional Insured Endorsements CG 2010 and CG 20 37 04 or the equivalent are required.\*\*\*

<p><b>CERTIFICATE HOLDER</b></p> <div style="border: 1px solid red; padding: 5px; color: red;">           Jamail &amp; Smith Construction, LP            P.O. Box 57808            Webster, TX 77598         </div>	<p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> <p>AUTHORIZED REPRESENTATIVE</p> <div style="border: 1px solid red; padding: 5px; color: red; text-align: center;">           Signed by Broker ONLY         </div>
---	---