

This is a Sample Certificate that is required by Samet (and all of it's subsidiaries).

NOTE: It is only a sample. The Minimum Coverages shown below are just that. You must verify against and meet any Project Specific requirements. All other below Check boxes are required unless otherwise noted. **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) Current Date



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 Subcontractor's Insurance Agency Name and Address | CONTACT NAME: PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ | | | | | | | | | | | | | | | | | | | | |
|--|---|-------------------------------|--|--------|--|--|--|----------------------|----------|--|----------------------|----------|--|----------------------|----------|--|----------------------|----------|--|----------------------|----------|
| | <table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Insurance Company's Name(s)</td> <td></td> <td></td> </tr> <tr> <td>INSURER B : "</td> <td>"</td> <td></td> </tr> <tr> <td>INSURER C : "</td> <td>"</td> <td></td> </tr> <tr> <td>INSURER D : "</td> <td>"</td> <td></td> </tr> <tr> <td>INSURER E : "</td> <td>"</td> <td></td> </tr> <tr> <td>INSURER F : "</td> <td>"</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A : Insurance Company's Name(s) | | | INSURER B : " | " | | INSURER C : " | " | | INSURER D : " | " | | INSURER E : " | " | | INSURER F : " | " |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | |
| INSURER A : Insurance Company's Name(s) | | | | | | | | | | | | | | | | | | | | | |
| INSURER B : " | " | | | | | | | | | | | | | | | | | | | | |
| INSURER C : " | " | | | | | | | | | | | | | | | | | | | | |
| INSURER D : " | " | | | | | | | | | | | | | | | | | | | | |
| INSURER E : " | " | | | | | | | | | | | | | | | | | | | | |
| INSURER F : " | " | | | | | | | | | | | | | | | | | | | | |
| INSURED Subcontractor's Name Address City, State, Zip NOTE: Must match the name on Subcontract/PO | | | | | | | | | | | | | | | | | | | | | |

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 | |
|----------|--|---|-------------------------------------|---|-------------------------|-------------------------|---|-------------------------------|
| A | COMMERCIAL GENERAL LIABILITY | | | Policy Numbers Required for each type of Insurance Coverage "Occur" box Must be Checked "Project" box Must be Checked | Current Policy Date | Current Policy Date | EACH OCCURRENCE | \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | | | | MED EXP (Any one person) | \$ 10,000 |
| A | AUTOMOBILE LIABILITY | | | Must include Hired and Non-Owned OR Any Auto | | | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | | | BODILY INJURY (Per accident) | \$ |
| A | UMBRELLA LIAB EXCESS LIAB | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Umbrella Coverage Required if the minimum limits of G/L and/or A/L are not met OR if Project Specific Requirements Dictate. | | | EACH OCCURRENCE | \$ |
| | DED | RETENTION \$ | | | | | AGGREGATE | \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | You MUST enter a "Y" or "N" in this box based on your policy. As noted, ONLY Proprietor/Partner/Officer/Members are permitted exclusions. | | | PER STATUTE | OTH-ER |
| | | <input type="checkbox"/> Y/N N/A | | | | | E.L. EACH ACCIDENT | \$ 500,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 500,000 |
| A | Professional Liability | | | If you are a Design Professional or a subcontractor providing design/build services, this Coverage is Required. | | | E.L. DISEASE - POLICY LIMIT | \$ 500,000 |
| | | | | | | | Per Claim: \$1,000,000 | Aggregate: \$2,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Certificate Holder, Owner and all other parties as required by Contract are Additional Insured on a Primary & non-Contributory basis which includes "your work". A Waiver of Subrogation in favor of Holder is provided on all policies scheduled above. A 30-day cancellation notice must be provided by endorsement.
NOTE: Additional Insured endorsement must include On-Going & Completed Operations coverage. Copies of all endorsements are required.

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| CERTIFICATE HOLDER Samet Corporation and all of it's Affiliates and Joint Venture partners. | 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 Agent Signature Required |
|--|---|

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| | | |
|--|---|--|
| PRODUCER Subcontractor's Insurance Agency Name and Address | CONTACT NAME: PHONE (A/C. No. Ext): _____ FAX (A/C. No): _____ E-MAIL ADDRESS: _____ | |
| | INSURER(S) AFFORDING COVERAGE INSURER A: Insurance Company's Name(s) | |
| INSURED Subcontractor's Name Address City, State, Zip NOTE: Must match the name on Subcontract/PO | INSURER B: _____ | |
| | INSURER C: _____ | |
| | INSURER D: _____ | |
| | INSURER E: _____ | |
| | INSURER F: _____ | |
| | NAIC # _____ | |

COVERAGES CERTIFICATE NUMBER: _____ REVISION NUMBER: _____

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| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| | 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____ | | | | Current Policy Date | Current Policy Date | EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____ \$ _____ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____ | | | | | | EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____ |
| A | Pollution Liability | | | | | | If you are a demolition, grading, painting or similar subcontractor who has potential pollution exposure, OR if there is a project specific pollution requirement, this Coverage is Required. Per Claim: \$1,000,000 Aggregate: \$2,000,000 |

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

A 30-day cancellation notice must be provided by endorsement.

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