



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/3/2018

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).

PRODUCER Agency Name Agency Mailing Address City, State, Zip Code	CONTACT NAME: PHONE (A/C No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
INSURED Sub-contractor Name Sub-contractor Address City, State, Zip Code	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Insurance Carrier A		
	INSURER B: Insurance Carrier B		
	INSURER C: (AM Best rating of A- or better)		
	INSURER D:		
	INSURER E:		
INSURER F:			

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Policy #	00/00/00	00/00/00	<input checked="" type="checkbox"/> EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 <input checked="" type="checkbox"/> GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 \$ \$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Policy #	00/00/00	00/00/00	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 100,000	

SAMPLE

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

York Properties, Inc. of Raleigh is included as additional insured with regards to General Liability on a primary and non-contributory basis as required by written contract. Waiver of subrogation is provided under the General Liability policy. 30 day notice of cancellation will be provided to York Properties, Inc. of Raleigh on all insurance policies.

If the box contained in the Workers Compensation section of the Certificate is marked Y for excluded proprietor/partner/executive officer/member, explain in this Description of Operations box which individuals are excluded

CERTIFICATE HOLDER**CANCELLATION**

York Properties, Inc. of Raleigh 2108 Clark Avenue Raleigh, NC 27605	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 of Authorized Representative
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COI REQUIREMENTS FOR YORK PROPERTIES, INC:

The (Vendor/subcontractor) shall provide Workers Compensation/General Liability Certificate of Insurance (per Sample Certificate provided) to York Properties, Inc. of Raleigh. Such certificate will name York Properties Inc., of Raleigh as additional insured on General Liability coverage on a primary and non-contributory basis. The insurance carrier must be A- rated (or better). Minimum General Liability limits required are: \$1,000,000 per occurrence/\$2,000,000 aggregate. Waiver of Subrogation on General Liability is required in favor of York Properties, Inc of Raleigh. Such insurance will remain in effect for the duration of this project. York Properties, Inc of Raleigh will be given 30 days' notice prior to cancellation of vendor/subcontractor's insurance policies. Please attach to the Certificate the actual endorsements for Additional Insured, Waiver of Subrogation and Primary and Non-contributory clauses. If the box contained in the Workers Compensation section of the Certificate is marked Y for excluded proprietor/partner/executive officer/member, explain in the Description of Operations box which individuals are excluded.

Please email COI to heather@yorkproperties.com. Thank you!