



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 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		CONTACT NAME:	
		PHONE (A/C, No. Ext):	FAX (A/C, No):
INSURED ENTER YOUR NAME HERE ENTER YOUR ADDRESS HERE		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Enter Insurance Co	
		INSURER B: Enter Insurance Co	
		INSURER C:	
		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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ENTER POLICY #	1/1/24	1/1/25	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ENTER POLICY #	1/1/24	1/1/25	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ 2,000,000
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ENTER POLICY #	1/1/24	1/1/25	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/>	N/A	ENTER POLICY #	1/1/24	1/1/25	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Professional Liability						2,000,000 per claim/per aggregate
	Contractors Pollution Liability						2,000,000 per claim/per aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
SEE ATTACHED FOR WORDING.

CERTIFICATE HOLDER

CANCELLATION

Loven Contracting, Inc. 1100 S. Pinnacle St. Flagstaff, AZ 86001	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

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Loven Contracting, Inc and (INSERT OWNER'S NAME HERE) are named Additional insureds, including their officers, partners, agents, employees, subsidiaries, as an additional insured (new verbiage needs to be added as of 5.23.24), including products/completed operations per ATTACHED CG 2037 07 04 or "equivalent" with respect to liability arising out of any and all activities performed by, or on behalf of, the contractor at: (INSERT Loven Contracting, Inc JOB NUMBER & NAME & ADDRESS HERE). All insurance is primary and non-contributory over any other insurance afforded to the additional insureds as per ATTACHED (INSERT PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT FORM NUMBER HERE). Waiver of subrogation applies in favor of additional insureds with respect to all insurance policies, as per (INSERT WAIVER OF SUBROGATION ENDORSEMENT FORM HERE).

**Umbrella Liability Following Form for General Liability,
Auto Liability and Employer Liability verbiage**

When complete please attach each of the aforementioned endorsements to the certificate of liability insurance and send all to Kim at:

Kblack@lovencontracting.com

General Liability forms required:

**Additional Insured, Ongoing Operations, Products/Completed Operations,
Primary/Non-contributory, Waiver of Subrogation**

Auto Liability forms required:

Additional Insured, Primary/Non-contributory, Waiver of Subrogation

Umbrella Liability form required:

Following Form verbiage and/or Form attached

Work Comp Liability form required:

Waiver of Subrogation