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).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

SUBCONTRACTORS
STREET ADDRESS
CITY, ST ZIP

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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC OTHER:	X	X	POLICY NUMBER Please make sure these boxes are "X" as well as naming GLC & (Owners if applicable) in Description of Operations field below.			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 500,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY	X	X	POLICY NUMBER			COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $	X	X	POLICY NUMBER			EACH OCCURRENCE AGGREGATE $	$ 1,000,000 $ 1,000,000 $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		POLICY NUMBER OH EMPLOYERS LIABILITY			PER STATUTE X OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

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

The Great Lakes Construction Co. & (OWNERS IF APPLICABLE) is/are included as Additional Insured under the General Liability for ongoing and completed operations on a Primary & Non-Contributory basis per form _____ and under Automobile Liability on a Primary & Non-Contributory basis per form _____ when required under a written contract or agreement. Waiver of Subrogation in favor of Contractor, Contractor's agents and employees, and Contractor's Customer applies to the General Liability and Automobile Liability. Umbrella Liability follows form. XCU not excluded. Thirty (30) days prior written notice has been given to Contractor.

Project No: _____ Project Name: _____

The foregoing insurance coverages are required to remain in force for the period of (3) three years after final payment by Contractor.

CERTIFICATE HOLDER

All Forms & Endorsements must be attached to ACORD
THE GREAT LAKES CONSTRUCTION CO.
INSURANCE@GREATLAKESWAY.COM
2608 GREAT LAKES WAY
HINCKLEY, OHIO 44233

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

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Please forward this SAMPLE COI to your agent to ensure the following:

1. The proper coverage is issued
2. The proper boxes are "checked".
3. The proper verbiage in the description of operations field is used.
   a. including PROJECT NUMBER
   b. including PROJECT NAME
   c. see below for standard verbiage you can copy & paste
4. Certificate holder should be listed as The Great Lakes Construction Co.
   a. Don't leave off the "The"
   b. Don't spell out the word Company

5. The COI (and renewals) are set up to be emailed to insurance@greatlakesway.com
6. No hard copies are required. DO NOT MAIL COI'S.

Doing the above will avoid having to revise the COI.

GLC is making every effort to reduce our environmental footprint.
Many Insurance Agencies are already doing the same.
This will save everyone Time & Money.

Thank you in advance for your cooperation!!!

The following is our required standard verbiage on all PO's unless the Owner requires something more specific:
Feel free to copy and paste.

The Great Lakes Construction Co. & (OWNERS IF APPLICABLE) is/are included as Additional Insured under the General Liability for ongoing and completed operations on a Primary & Non-Contributory basis per form _____ _ and under Automobile Liability on a Primary & Non-Contributory basis per form _____ when required under a written contract or agreement. Waiver of Subrogation in favor of Contractor, Contractor's agents and employees, and Contractor' s Customer applies to the General Liability and Automobile Liability. Umbrella Liability follows form. XCU not excluded. Thirty (30) days prior written notice has been given to Contractor.

Project No: _____ Project Name: _____