

118281

CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY)											
PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
COMPANIES AFFORDING COVERAGE													
INSURED	COMPANY A THE GRAY INSURANCE COMPANY												
	COMPANY B												
	COMPANY C												
	COMPANY D												
COVERAGES													
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.													
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT _____				GENERAL AGGREGATE PRODUCTS - COMP/OP AGG _____ PERSONAL & ADV INJURY EACH OCCURRENCE _____ FIRE DAMAGE (Any one fire) MED EXP (Any one person) _____ COMBINED SINGLE LIMIT BODILY INJURY (Per person) _____ BODILY INJURY (Per accident) _____ PROPERTY DAMAGE _____								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____				AUTO ONLY - EA ACCIDENT _____ OTHER THAN AUTO ONLY EACH ACCIDENT _____ _____ AGGREGATE EACH OCCURRENCE _____ AGGREGATE _____								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____				_____ AGGREGATE EACH OCCURRENCE _____ AGGREGATE _____								
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM _____				_____ _____ AGGREGATE EACH OCCURRENCE _____ AGGREGATE _____								
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR PARTNERS/EXECUTIVE <input type="checkbox"/> INCL OFFICERS ARE <input type="checkbox"/> EXCL _____				<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 60%;">WG STATU- TORY LIMITS</td> <td style="width: 40%;">OTH ER</td> </tr> <tr> <td colspan="2">EL EACH ACCIDENT</td> </tr> <tr> <td colspan="2">EL DISEASE - POLICY LIMIT</td> </tr> <tr> <td colspan="2">EL DISEASE - EA EMPLOYEE</td> </tr> </table>	WG STATU- TORY LIMITS	OTH ER	EL EACH ACCIDENT		EL DISEASE - POLICY LIMIT		EL DISEASE - EA EMPLOYEE	
WG STATU- TORY LIMITS	OTH ER												
EL EACH ACCIDENT													
EL DISEASE - POLICY LIMIT													
EL DISEASE - EA EMPLOYEE													
	OTHER												
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS The certificate holder is an additional insured on all policies except Workers' Compensation and is provided a Waiver of Subrogation, all if required by written contract. The above insurance policies shall be primary and noncontributory to any other insurance policies maintained by the certificate holder, if required by written contract.													
CERTIFICATE HOLDER			CANCELLATION In the event of cancellation by The Gray Insurance Company and if required by written contract, ___ days written notice will be given to the Certificate Holder AUTHORIZED REPRESENTATIVE _____										
GCF 00 50 01 01 12			THE GRAY INSURANCE COMPANY TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS APPROVED MAR -7 2012										

CERTIFICATE OF INSURANCE

Page 2

THE GRAY INSURANCE COMPANY

The below coverages apply if the corresponding policy number is indicated on the previous page.

A. Commercial General Liability

General Liability Policy Includes:

Blanket Waiver of Subrogation when required by written contract.
 Blanket Additional Insured (CGL Form# CG 20 10 11 85) when required by written contract.
 Primary Insurance Wording Included when required by written contract.
 Broad Form Property Damage Liability including Explosion, Collapse and Underground (XCU).
 Premises/Operations
 Products/Completed Operations
 Contractual Liability
 Sudden and Accidental Pollution Liability
 Occurrence Form
 Personal Injury
 "In Rem" Endorsement
 Cross Liability
 Severability of Interests Provision
 "Action Over" Claims
 Independent Contractors coverage for work sublet
 Vessel Liability - Watercraft exclusion has been modified by the vessels endorsement on scheduled equipment.
 General Aggregate applies per project or equivalent.

B. Automobile Liability Policy Includes:

Blanket Waiver of Subrogation when required by written contract.
 Blanket Additional Insured when required by written contract.

C. Workers Compensation Policy Includes:

Blanket Waiver of Subrogation when required by written contract.
 U. S. Longshoremen's and Harbor Workers Compensation Act Coverage
 Outer Continental Shelf Land Act
 Jones Act (including Transportation, Wages, Maintenance, and Cure),
 Death on the High Seas Act & General Maritime Law.
 Maritime Employers Liability Limit: \$1,000,000
 Voluntary Compensation Endorsement
 Other States Insurance
 Alternate Employer/Borrowed Servant Endorsement
 "In Rem" Endorsement
 Gulf of Mexico Territorial Extension

TEXAS DEPT. OF INSURANCE
 AUSTIN, TEXAS
 APPROVED
 MAR -7 2012

D. Excess Liability Policy Includes:

Coverage is excess of the Auto Liability, General Liability, Employers Liability, & Maritime Employers Liability policies
 Blanket Waiver of Subrogation when required by written contract.
 Blanket Additional Insured when required by written contract.