

## FOR DEMO PURPOSES ONLY 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:		
Your Agent or Broker		PHONE (A/C, No. Ext):	FAX (A/C, No):	
		E-MAIL ADDRESS:	13.31.31.	
		INSURER(S) AFFORD		NAIC#
		INSURER A: Your Insurance Compa	iny	
INSURED		INSURER B: Your Insurance Compa	iny	
		INSURER C: Your Insurance Compa	iny	
Your Name		INSURER D: Your Insurance Compa	iny	
		INSURER E: Your Insurance Compa	iny	
		INSURER F: Your Insurance Compa		
001/2010				

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			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	rs Y					EACH OCCURRENCE \$ 2,000,000
	X COMMERCIAL GENERAL LIABILITY		XYZ-123			DAMAGE TO RENTED \$50,000	
	CLAIMS-MADE X OCCUR			XYZ-123	MM/DD/YY	MM/DD/YY	MED EXP (Any one person) \$ 5,000
	X Include Independent Contractors						PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	POLICY PRO- JECT LOC						\$
	AUTOMOBILE LIABILITY			ABC-345	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	X ANY AUTO						BODILY INJURY (Per person) \$
В	X ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
	×						\$
	X UMBRELLA LIAB X OCCUR	Y		LLL-555	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE \$ As Needed
С	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y.			WC STATU-   OTH- TORY LIMITS   ER
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			WCB-678	MM/DD/YY	MM/DD/YY	E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Builders Risk - REQUIRED FOR: OMH, OPWDD, OASAS, NYCHA			MCK-777	MM/DD/YY	MM/DD/YY	Contract Value

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

DASNY Contract No: 3475609999

Project Name: Furnish, deliver and install signage.

Project location: John Jay College of Criminal Justice

The following are Additional Insureds as respect to this project: Dormitory Authority-State of New York; the State of NY; the City University of New York, the City University Construction Fund, John Jay College of Criminal Justice and the Construction Manager.

I CANCELL ATION

Proof of 30 Days Notice of Cancellation in favor of the Dormitory Authority of the State of New York is required for all insurance policies.

Dormitory Authority- State of New York Attn: Risk Management 515 Broadway	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Albany, New York 12207	AUTHORIZED REPRESENTATIVE Your Agent/Broker Representative

CEPTIFICATE HOLDED