



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 Agency Name and Address	CONTACT NAME: Insurance Agency Contact Information	
	PHONE (A/C, No, Ext): Insurance Agency Contact Info	FAX (A/C, No): Fax Number
INSURED Subcontractor Name and Address	E-MAIL ADDRESS: Insurance Agency Contact Info	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Insurance Company	
	INSURER B : Insurance Company	
	INSURER C : Insurance Company	
	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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> <input type="checkbox"/>	Policy Number	Dates	Dates	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/> <input type="checkbox"/>				MED EXP (Any one person)	\$ 5,000
<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>				PERSONAL & ADV INJURY	\$ 1,000,000
<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>				GENERAL AGGREGATE	\$ 2,000,000
<input type="checkbox"/>	GEN'L AGGREGATE LIMIT APPLIES PER:	<input type="checkbox"/> <input type="checkbox"/>				PRODUCTS - COMP/OP AGG	\$ 2,000,000
<input type="checkbox"/>	POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input type="checkbox"/> <input type="checkbox"/>					\$
	AUTOMOBILE LIABILITY	<input type="checkbox"/> <input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
<input checked="" type="checkbox"/>	ANY AUTO	<input type="checkbox"/> <input type="checkbox"/>	Policy Number	Dates	Dates	BODILY INJURY (Per person)	\$
<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/> <input type="checkbox"/>				BODILY INJURY (Per accident)	\$
<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/> <input type="checkbox"/>				PROPERTY DAMAGE (Per accident)	\$
<input type="checkbox"/>	SCHEDULED AUTOS NON-OWNED AUTOS	<input type="checkbox"/> <input type="checkbox"/>					\$
<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/> <input type="checkbox"/>				EACH OCCURRENCE	\$ 1,000,000
<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/> <input type="checkbox"/>	Policy Number	Dates	Dates	AGGREGATE	\$ 1,000,000
<input type="checkbox"/>	DED	<input type="checkbox"/>					\$
<input type="checkbox"/>	RETENTION \$	<input type="checkbox"/>					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> <input type="checkbox"/>				WC STATUTORY LIMITS	OTHER
<input type="checkbox"/>	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	Policy Number	Dates	Dates	E.L. EACH ACCIDENT	\$ 500,000
<input type="checkbox"/>	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 500,000
<input type="checkbox"/>		<input type="checkbox"/>				E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

Wolverine Building Group, Inc, the Owner, and any other parties as required by contract are included as additional insureds on a primary, and non-contributory basis for general liability, auto liability, and umbrella liability. Attach copy of Additional Insured endorsement or indicate the form number. A 30 day written notice of cancellation shall apply.

CERTIFICATE HOLDER	CANCELLATION
Wolverine Building Group, Inc. 4045 Barden SE Grand Rapids MI 49512	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