**Coverage shown represents Centennial and its JV partners' minimum insurance requirements and may vary in accordance with client requirement.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) XX/XX/XXXX

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: *Insurance Agent name*
SAMPLE CERTIFICATE *Insurance Agency Name* *Insurance Agency Address*	PHONE NUMBER: *Insurance Agent phone number* E-MAIL ADDRESS: *Insurance Agent e-mail address*
	INSURER(S) AFFORDING COVERAGE
	COMPANY **A** A Insurance Company
INSURED	COMPANY **B** B Insurance Company
SAMPLE CERTIFICATE *Subcontractor Name (must match W-9)* *Subcontractor Address*	COMPANY **C** C Insurance Company
	COMPANY **D** D Insurance Company

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.

INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X **COMMERCIAL GENERAL LIABILITY**	Y	Y	123456			EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						FIRE DAMAGE (Any one person)	$ 10,000
							MED EXP (Any one person)	$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$ 500,000
	POLICY X PROJECT LOC						GENERAL AGGREGATE	$ 2,000,000
	OTHER:						PRODUCTS – COMP / OP AGG	$ 2,000,000
A	**AUTOMOBILE LIABILITY**	Y	Y	123456			COMBINED SINGLE LIMIT (each accident) – Each occurrence	$ 1,000,000
	X ANY AUTO							
	OWNED AUTOS ONLY							
	SCHEDULED AUTOS							
	X HIRED AUTOS ONLY							
	X NON-OWNED AUTOS ONLY							
B	X **UMBRELLA LIAB** X OCCUR	Y	Y	123456			EACH OCCURRENCE (For most trades)	$ 2,000,000
	X **EXCESS LIAB** CLAIMS MADE						AGGREGATE (For most trades)	$ 2,000,000
	DED X RETENTION $10,000						EA OCC (Elevators/Escalators/Crane)	$ 3,000,000
							AGG (Elevators/Escalators/Crane)	$ 3,000,000
B	**WORKMAN'S COMPENSATION AND EMPLOYER'S LIABILITY**		Y	123456			X PER STATUTE OTHER	$
	ANY PROPRIETOR/ PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** Y / N: N	N/A					BODILY INJURY (each Accident)	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						DISEASE - POLICY LIMIT	$ 1,000,000
							DISEASE - EACH EMPLOYEE	$ 1,000,000
D	**OTHER – POLLUTION LIABILITY**	Y	Y				EACH OCCURRENCE (per project)	$ 2,000,000
D	**OTHER – ARCHITECT AND ENGINEER PROFESSIONAL LIABILITY (Including Errors and Omissions)**	Y	Y				EACH OCCURRENCE (per project) AGGREGATE	$ 2,000,000 $ 2,000,000

HAZMAT Contractors - Remediation/Abatement work

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

[Contractor], [Other, if applicable], and [Owner], their agents, officers, directors, and employees are included as additional insured under all policies (except workers' compensation) as required by contract for ongoing and completed operations of the subcontractor. A waiver of subrogation applies to all policies.

CERTIFICATE HOLDER	CANCELLATION
Centennial Contractors Enterprises, Inc. 11111 Sunset Hills Road, Suite 350 Reston, VA 20190	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