

<b>Certificate of Liability Insurance</b>						Date (mm/dd/yy)												
<b>PRODUCER:</b>			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 by the policies below															
<b>INSURED:</b>			<i>Insurers Affording Coverage</i>		NAIC #													
<b>Company name</b>			Insurer A:															
			Insurer B:															
			Insurer C:															
			Insurer D:															
			Insurer E:															
<b>COVERAGES:</b>																		
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 aggregate limits shown may have been reduced by paid claims																		
Insr LTR	Add'l Insr'd	Type of Insurance	Policy Number	Policy Effective Date (mm/dd/yy)	Policy Effective Date (mm/dd/yy)	Limits												
	X	<b>General Liability</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur  Gen'l Aggregate Limit Applies Per: <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Project <input type="checkbox"/> Loc				<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr><td><b>Each Occurrence</b></td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td><b>Damages to Rented Premises</b> (each Occurrence)</td><td style="text-align: right;">\$ 50,000</td></tr> <tr><td><b>Med Exp (Any one person)</b></td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td><b>Personal &amp; Adv Injury</b></td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td><b>General Aggregate</b></td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td><b>Products- Comp/ OP AGG</b></td><td style="text-align: right;">\$ 2,000,000</td></tr> </table>	<b>Each Occurrence</b>	\$ 1,000,000	<b>Damages to Rented Premises</b> (each Occurrence)	\$ 50,000	<b>Med Exp (Any one person)</b>	\$ 5,000	<b>Personal &amp; Adv Injury</b>	\$ 1,000,000	<b>General Aggregate</b>	\$ 2,000,000	<b>Products- Comp/ OP AGG</b>	\$ 2,000,000
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	X	<b>Automobile Liability</b> <input checked="" type="checkbox"/> Any auto <input type="checkbox"/> All owned autos <input type="checkbox"/> Scheduled autos <input checked="" type="checkbox"/> Hired autos <input checked="" type="checkbox"/> Non-owned autos				<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr><td><b>Combined Single Limit</b> (Each Accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td><b>Bodily Injury</b> (Per Person)</td><td style="text-align: right;">\$ -</td></tr> <tr><td><b>Bodily Injury</b> (Per Accident)</td><td style="text-align: right;">\$ -</td></tr> <tr><td><b>Property Damage</b> (Per Accident)</td><td style="text-align: right;">\$ -</td></tr> </table>	<b>Combined Single Limit</b> (Each Accident)	\$ 1,000,000	<b>Bodily Injury</b> (Per Person)	\$ -	<b>Bodily Injury</b> (Per Accident)	\$ -	<b>Property Damage</b> (Per Accident)	\$ -				
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	X	<b>Garage Liability</b> <input type="checkbox"/> Any Auto				<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr><td>Auto Only - Each Accident</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Other than Ea Acc</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Auto Only Agg</td><td style="text-align: right;">\$ -</td></tr> </table>	Auto Only - Each Accident	\$ -	Other than Ea Acc	\$ -	Auto Only Agg	\$ -						
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		<b>Excess / Umbrella Liability</b> <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Claims Made  Deductible \$ - Retention \$ -				<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr><td>Each Occurrence</td><td style="text-align: right;">\$ 1,000,000 *</td></tr> <tr><td>Aggregate</td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	Each Occurrence	\$ 1,000,000 *	Aggregate	\$ 1,000,000								
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		Workers' Compensation and Employers' Liability Any Proprietor/ Partner/ Executive Officer/ Member Excluded? If yes, describe under Special Provisions below				<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr><td>(X) WC Statutory Limits</td><td></td></tr> <tr><td>Each Accident</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>Disease - Each Employee</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>Disease - Policy limit</td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	(X) WC Statutory Limits		Each Accident	\$ 1,000,000	Disease - Each Employee	\$ 1,000,000	Disease - Policy limit	\$ 1,000,000				
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		Other: Pollution Liability				<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr><td>Per Occurrence</td><td style="text-align: right;">\$ 5,000,000</td></tr> <tr><td>Aggregate</td><td style="text-align: right;">\$ 5,000,000</td></tr> </table>	Per Occurrence	\$ 5,000,000	Aggregate	\$ 5,000,000								
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Description of operations / locations / exclusions added by endorsement / Special Provisions																		
<b>Project Name:</b> _____ <b>Project No.</b> _____ C.T. Wilson Construction Co., Inc. & The Owner are named as <b>Additional Insured</b> on the General Liability, Automobile Liability, and Excess Liability. Workers' Compensation and Employers Liability shall contain <b>waiver of subrogation</b> in favor of Certificate Holder. The Insurance evidenced by this certificate shall be <b>primary and non-contributory</b> to any other insurance of the certificate holder.																		

<b>CERTIFICATE HOLDER:</b>  <p style="text-align: center;"><b>C.T. Wilson Construction Co., Inc.</b>  <b>150 Golden Drive, Suite #200</b>  <b>Durham, NC 27705</b></p>	<b>CANCELLATION:</b> 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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\***Umbrella** is required if other coverages not met. If Umbrella is going to be used in lieu of other coverages, this will need to be reviewed and approved on a per project basis.  
 \*\***Pollution Liability** coverage is required for environmental services (abatement, removal, transporting, disposal of hazardous material, or any similar service).