ACORD ™ CERTIFICATE OF LIABILITY INSURANCE

DATE: (MM/DD/YYYY)

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.	
YOUR AGENCY	**INSURERS AFFORDING COVERAGE**	**NAIC #**
INSURED	INSURER A: **Insurance Company**	
Your Name As It Appears On Contract	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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	TYPE OF INSURANCE	POLICY NUMBE	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCUR ☐_____ ☐_____ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☐ LOC	Policy Number	Date	Date	**EACH OCCURRENCE**	**$1,000,000**
					DAMAGE TO RENTED PREMISES (Ea occurrence)	**$ 100,000**
					MED EXP (Any one person)	**$ 5,000**
					PERSONAL & ADV INJURY	**$1,000,000**
					GENERAL AGGREGATE	**$2,000,000**
					PRODUCTS – COMP/OP AGG	**$2,000,000**
	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON – OWNED AUTOS ☐_____ ☐_____	Policy Number	Date	Date	**COMBINED SINGLE LIMIT (Ea accident)**	**$1,000,000**
					BODILY INJURY (Per person)	**$**
					BODILY INJURY (Per accident)	**$**
					PROPERTY DAMAGE (Per accident)	**$**
	GARAGE LIABILITY ☐ ANY AUTO ☐_____				**AUTO ONLY – (Ea Accident)**	**$**
					OTHER THAN AUTO ONLY: EA ACC	**$**
					AGG	**$**
	EXCESS LIABILITY ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION				**EACH OCCURRENCE**	**$**
					AGGREGATE	**$**
						$
						$
						$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPROETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS	Policy Number	Date	Date	☒ WC STATU-TORY LIMITS ☐ OTHER	
					E.L. EACH ACCIDENT	**$100,000**
					E.L. DISEASE – EA EMPLOYEE	**$100,000**
					E.L. DISEASE – POLICY LIMIT	**$500,000**
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Project: (Name of project here)

FCI Constructors, Inc. and Project Owner are named Additional Insured as respects to all policies except Workers Compensation. Owner and FCI Constructors, Inc. are named as Additional Insureds for General Liability coverage per CG2010 11/85 or its equivalent. This insurance is primary and non-contributory as respects General Liability. A Waiver of Subrogation in favor of FCI Constructors, Inc. applies as respects General and Automobile Liability and Workers Compensation.

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER___	CANCELLATION
FCI Constructors, Inc. **P. O. Box 1767** **Grand Junction, CO 81502**		**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~ENDEAVOR TO~~ MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.~~** **AUTHORIZED REPRESENTATIVE** **Agent Signature**

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