



Project Name
City, – Job No.

SC-xxx-xxx Between Consigli Construction NY LLC and Subcontractor

EXHIBIT 'J' 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 Subcontractor's Agent Name and Address	CONTACT NAME:		
	PHONE (A/C, EXT): NO.	PHONE (A/C, NO.):	
	E-MAIL ADDRESS:		
	PRODUCER CUSTOMER ID#:		
INSURED Subcontractor's Name and Address	INSURERS AFFORDING COVERAGE		NAIC #
	INSURER A: AM Best Rated A-, VII or better		
	INSURER B: AM Best Rated A-, VII or better		
	INSURER C: AM Best Rated A-, VII or better		
	INSURER D: AM Best Rated A-, VII or better		
INSURER E: AM Best Rated A-, VII or better			

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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.

Limits shown are as requested

INS R LT R	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/Y Y)	POLICY EXP (MM/DD/Y Y)	LIMITS	
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> RESIDENTIAL COVERAGE <input checked="" type="checkbox"/> RIGGERS LIABILITY REQ GENERAL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	X	ABC			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG RIGGERS	\$ 1,000,000 \$100,000 \$10,000 \$1,000,000 \$2,000,000 \$2,000,000 \$ 1,000,000.00 IF CHECKED
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTO <input type="checkbox"/>	X	X	ABC			COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$1,000,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION	X	X	STRUCTURAL STEEL, GLASS & GLAZING, FIRE PROTECTION, PLUMBING, HVAC, ELECTRICAL ALL OTHER TRADES			EACH OCCURRENCE AGGREGATE EACH OCCURRENCE AGGREGATE EACH OCCURRENCE AGGREGATE	\$ 15,000,000 \$ 15,000,000 \$ 10,000,000 \$ 10,000,000 \$ 5,000,000 \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	INCLUDES EXEC. OFFICERS, SOLE PROP.			<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	 \$1,000,000 \$1,000,000 \$1,000,000
	PROFESSIONAL POLLUTION LIABILITY INSURANCE	X	X	DESIGN & TESTING SUBCONTRACTORS DEMOLITION & ABATEMENT SUBCONTRACTORS			EACH OCCURRENCE/ AGGREGATE EACH OCCURRENCE/ AGGREGATE	\$2,000,000/\$2,000,000 \$5,000,000/\$5,000,000

DESCRIPTION OF OPERATIONS – JOB – PROJECT NAME –
Consigli Construction Co., Inc., Owner and other parties as required by contract are listed as additional insureds on a primary/non-contributing basis to named insured on the above referenced General Liability and Umbrella Liability policies as it relates to work performed at the captioned project. General Liability policy per ISO 12 07 form and includes coverage for "X, C, U" (hazards, collapse of building, blasting and damage to underground property), Completed Operations, Residential Construction coverage, and Contractual Liability. All policies referenced herein include a waiver of subrogation in favor of Consigli Construction Co., Inc., Owner, and others where required by contract. Worker's Compensation applies in the state which work is performed. **GC- Required Endorsements-** Commercial General Liability endorsement are ISO Additional Insured Endorsement CG 2010 AND CG 2037 or an ISO form providing equivalent coverage to the additional insured as these ISO issued forms.

CERTIFICATE HOLDER Consigli Construction Co., Inc. 199 West St., Suite 100 Pleasant Valley, NY 12569	CANCELLATION 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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