



## 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 OF 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).

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

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> RESIDENTIAL COVERAGE  <input 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  RIGGERS REQ IF RIGGING MAT'L'S OWNED BY OTHERS			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 RIGGERS \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <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) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<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 /CRANE WORK  GLASS & GLAZING, FIRE PROTECTION, PLUMBING, HVAC, ELECTRICAL  ALL OTHER TRADES			EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000  EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000  EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	INCLUDES EXEC. OFFICERS, SOLE PROP.			<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.I. EACH ACCIDENT \$1,000,000 E.I. DISEASE-EA EMPLOYEE \$1,000,000 E.I. DISEASE-POLICY LIMIT \$1,000,000
	<b>PROFESSIONAL POLLUTION LIABILITY INSURANCE</b>	X	X	DESIGN & TESTING SUBCONTRACTORS DEMOLITION & ABATEMENT SUBCONTRACTORS			EACH OCCURRENCE/ AGGREGATE \$2,000,000/\$2,000,000  EACH OCCURRENCE/ AGGREGATE \$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.**

<b>CERTIFICATE HOLDER</b> Consigli Construction Co., Inc. 199 West St., Suite 100 Pleasant Valley, NY 12569	<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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