

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 any rights to the certificate holder in lieu of such endorsement(s).

| | | |
|---|--|---------------------------------|
| PRODUCER Insurance Agent Address City, St Zipcode | CONTACT NAME: Agent | |
| | PHONE (A/C, No, Ext): Agent Phone | FAX (A/C, No): Agent Fax |
| | E-MAIL ADDRESS: Agent Email | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| INSURED Subcontractor Address City, St Zipcode | INSURER A : Insurance Company | |
| | INSURER B : Insurance Company | |
| | INSURER C : Insurance Company | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-------------------------------------|-------------------------------------|----------------|-------------------------|-------------------------|--|
| A | <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"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Current | MM/DD/YYYY | MM/DD/YYYY | 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 \$ |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Current | MM/DD/YYYY | MM/DD/YYYY | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| B | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Current | MM/DD/YYYY | MM/DD/YYYY | EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Current | MM/DD/YYYY | MM/DD/YYYY | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

[INSERT COHN PROJECT NUMBER, PROJECT NAME, AND LOCATION]

Cohn Construction Services, LLC is an Additional Insured with respects to the General Liability (as on endorsement CG7048 or equivalent-including ongoing and products/completed operations, on a primary/non contributory basis), Automobile Liability and following form Umbrella when required by written contract. Waiver of Subrogation applies in favor of Cohn Construction Services, LLC with respects to General Liability, Automobile Liability, and Employers Liability/WC for work performed by the insured when agreed upon in written (See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|--|
| *** Sample for Subs*** Cohn Construction Services, LLC PO Box 2005 Columbia, SC 29202-2005 | 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 |

DESCRIPTIONS (Continued from Page 1)

contract. A 30 day prior notice of cancellation will be provided to the Certificate Holder (except 10 days for Non Pay).

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Any Persons or Organizations When You Have Agreed In Writing In A Contract Or Agreement That Such Persons Or Organizations Be Added As An Additional Insured

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1)** All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2)** That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

CG 20 37 10 01

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Any Persons or Organizations When You Have Agreed In Writing In A Contract Or Agreement That Such Persons Or Organizations Be Added As An Additional Insured

Location And Description of Completed Operations:

Additional Premium:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations hazard".

COMMERCIAL GENERAL LIABILITY

ENHANCEMENT ENDORSEMENT

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

SUMMARY OF COVERAGE AND INDEX

This is a summary of the various coverages provided by this form. No coverage is provided by this summary. This endorsement is subject to the provisions of your policy, which means that it is subject to all limitations and conditions applicable to the coverage forms attached to this policy unless specifically deleted, replaced, or modified herein. This endorsement is applicable only to those premises described in the Declarations.

INDEX

| | |
|---|---------------------------------------|
| 1. Bodily Injury – Mental Anguish | Included |
| 2. Off Premises Care, Custody Or Control Coverage | \$25,000 |
| 3. Incidental Medical Malpractice | Included |
| 4. Amendment Of Insured Contract Definition | Included |
| 5. Liberalization Clause | Included |
| 6. Unintentional Failure To Disclose Hazards | Included |
| 7. Lost Keys Of Others | \$500 Occurrence/\$1,500 Aggregate |
| 8. Medical Payments | \$15,000 |
| 9. Broadened Mobile Equipment | Included |
| 10. Newly Formed Or Acquired Organizations | Included |
| 11. Non-Owned Aircraft | Included |
| 12. Watercraft Coverage Enhancement | Included |
| 13. Aggregate Limits Per Project | Included |
| 14. Personal And Advertising Injury - Electronic Publication | Included |
| 15. Property Damage Liability - Borrowed Equipment | \$25,000 |
| 16. Supplementary Payments (Bail Bonds) Enhancement | \$5,000 |
| 17. Damage To Premises Rented To You Limit | \$500,000 |
| 18. Knowledge Of An Occurrence, Claim, Or Suit | Included |
| 19. Voluntary Property Damage Coverage | \$5,000 Occurrence/\$10,000 Aggregate |
| 20. Waiver Of Transfer Of Rights Of Recovery Against Others | Included |
| 21. Duties In The Event Of Occurrence, Offense, Claim Or Suit | Included |
| 22. Primary And Noncontributory – Other Insurance Condition | Included |

BLANKET WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against any person or organization only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by

WC 98 01 11
(Ed. 6-11)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Commercial Umbrella Liability Follow Form Endorsement

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

Except to the extent the insuring agreements, terms, definitions, conditions, and exclusions of this policy differ, the coverage provided by this policy shall follow the insuring agreements, definitions, conditions, and exclusions of the underlying insurance policies as shown in the schedule of underlying policies.