

CERTIFICATE OF LIABILITY INSURANCE

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.

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 Insurance Agency Name Address
CONTACT NAME PHONE (A/C, No, Ext) FAX (A/C, No) E-MAIL ADDRESS
INSURER(S) AFFORDING COVERAGE NAIC#
INSURER A Insurance Co NAIC#
INSURER B Insurance Co NAIC#
INSURER C
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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for General Liability, Automobile Liability, Umbrella Liability, Workers Compensation, and Installation Fltr.

Must be per project.

No exemptions accepted for W/C.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Woodspring Suites Project Address All policies except Workers Comp have been endorsed to include Integrated Construction, LLC and Owner's Name as additional insured including completed operations on a primary and non-contributory basis.

CERTIFICATE HOLDER Integrated Construction, LLC 14827 Mandarin Rd Jacksonville, FL 32223
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.

Attachment D, Page 1 of 1. Sub/Vendor Initials:

DESCRIPTIONS (Continued from Page 1)

Subrogation in favor of additional insured applies to General Liability, Automobile Liability & Workers Compensation coverages shown above. (Endorsements Attached)

POLICY NUMBER: 99999999

BUSINESS AUTOMOBILE

NAMED INSURED: Named Insured

ISSUE DATE: 3/30/2016

POLICY PERIOD: 00/00/00 to 00/00/00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS OR CONTRACTORS

This endorsement modifies insurance provided under the following:

BUSINESS AUTOMOBILE LIABILITY COVERAGE PART.

We agree with you that person or organization shown in the schedule below is an insured for "bodily injury" or "property damage" arising out of the operation of a covered "auto" under contract or agreement between you and that person or organization, if the contract or agreement is made prior to the injury or damage.

Insurance is afforded by this policy shall be primary coverage and any other insurance maintained by the additional insureds shall be excess only and not contributing with this insurance.

SCHEDULE

Name of Person or Organization:

Name or Location of Project:

All work performed at all locations of the Additional Insured's

POLICY NUMBER: 99999999

COMMERCIAL AUTO
CA 70 24 05 08

THIS ENDORSEMENT AMENDS YOUR POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF SUBROGATION

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SCHEDULE

Name of person or organization:

- A. Under SECTION IV - BUSINESS AUTO CONDITIONS, paragraph A.5. Transfer Of Rights Of Recovery Against Others To Us is deleted and replaced by the following:

If the insured has waived, through a written contract, rights to recover from the person or organization named in the Schedule above, we waive any rights of recovery we may have against that person or organization because of payments we make under the Business Auto Coverage Form.

- B. If the Advantage Commercial Automobile Broad Form Endorsement is attached to your policy, the provision entitled Transfer Of Rights (Blanket Waiver Of Subrogation) does not apply to the person or organization identified in the Schedule above.

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CA 70 24 05 08

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 Additional Insured Person(s) Or Organization(s):	Location(s) of Covered Operations
	Per Description of Operations on Certificate of Insurance
Information required to complete this Schedule, if not shown above, will be shown in the declarations.	

A. Section II – Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your Behalf;

In the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afford to these additional insured’s, the following additional exclusions apply:

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 location 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 the 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: 9999999

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES or
CONTRACTORS (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

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

WHO IS AN INSURED (Section II) 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" for that insured by or for you.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

This endorsement modifies Insurance Provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
	Per Description of Operations on Certificate of Insurance
Information required to complete this Schedule, if not shown above, will be shown in Declarations	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the schedule, but only with respect to liability for “bodily injury” or “property damage” caused, In whole or in part, by “Your work” at the location designated and described in the schedule of this endorsement performed for that additional Insured and included in the “products-completed operations hazard”

POLICY NUMBER: 9999999
NAMED INSURED: Named Insured

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY
WAIVER OF TRANSFER RIGHTS OF RECOVERY AGAINST OTHERS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Name or Location of Project:

Per Description of Operations on Certificate of Insurance

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

We waive any right of recovery we may have against the person or organization shown in the Schedule because of payments we make for injury or damage arising out of "your work" done under a contract with that person or organization. The waiver applies only to the person or organization shown in the schedule.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**EARLIER NOTICE OF CANCELLATION
PROVIDED BY US**

Number of Days Notice 30

For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of cancellation is increased to the number of days shown in the Schedule above.

If this policy is cancelled by us we will send the Named Insured and any party listed in the following schedule notice of cancellation based on the number of days notice shown above.

Schedule

Name of Person or Organization

Mailing Address

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 the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

Schedule

Name or Location of Project:

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: 3/30/2016 Policy No. 9999999 Endorsement No. One (1)
Insured: Named Insured Premium \$ n/a

Insurance Company: Amerisure Mutual Insurance Co. Countersigned by: _____