SAMPLE CERTIFICATE OF INSURANCE

Attachment 7B

THE PROCEDURES OUTLINED BELOW MUST BE FOLLOWED IN ISSUING THE REQUIRED CERTIFICATE OF INSURANCE:

1) THE ACORD CERTIFICATE OF INSURANCE FOR IS THE ONLY FORM WHICH WILL BE ACCEPTED.
2) THE DESCRIPTION OF OPERATIONS SHALL INDICATE THE PROJECT NAME AS INDICATED ON THE ENCLOSED SAMPLE, SPECIFICALLY.
3) THE ATTACHED SAMPLE ACORD CERTIFICATE OF INSURANCE FORM SHOWS MINIMUM COVERAGE AND LIMITS TO BE CERTIFIED AS REQUIRED BY YOUR SUBCONTRACT AGREEMENT OR THE PROJECT SPECIFICATIONS AND AS INDICATED BELOW.

ACORD™ CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

PRODUCER
Insurance Agent Name
Insurance Company Name
Insurance Agent Address
City, State, Zip Code

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.

INSURED
Contractor Name
Address
City, State, Zip Code

PHONE NO. A/C

COMPANIES AFFORDING COVERAGE

INSURER A
INSURER B
INSURER C
INSURER D
INSURER E

COVERAGES

THE POLOCIES 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCURRENCE [X] PER PROJECT AGGREGATE GENERAL AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PROJECT [X] LOCATION	MINIMUM LIMIT REQUIREMENTS MAY BE SATISFIED BY ANY COMBINATION OF LIMITS SHOWN FOR PRIMARY LIABILITY COVERAGES (I.E. GENERAL LIABILITY, AUTOMOBILE LIABILITY AND EMPLOYER'S LIABILITY)			GENERAL AGGREGATE PRODUCTS-COMP/OPS AGGREGATE PERSONAL & ADVERTISING INJURY EACH OCCURRENCE FIRE DAMAGE (ANY ONE FIRE) MEDICAL EXPENSE (ANY ONE PERSON)	$ 2,000,000 $ 2,000,000 $ 1,000,000 $ 1,000,000 $ 100,000 $ 5,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [ ] GARAGE LIABILITY [X] THE CERTIFICATE HOLDER HAS BEEN ADDED AS AN ADDITIONAL INSURED ON THIS COVERAGE	POLICY NUMBER			CSL (EACH ACCIDENT) BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE (PER ACCIDENT)	$1,000,000 $ $ $
C	EXCESS LIABILITY [X] OCCURRENCE [ ] OTHER THAN UMBRELLA FORM [X] RETENTION $	POLICY NUMBER			OCCURRENCE AGGREGATE	$1,000,000 $1,000,000
D	WORKER'S COMPENSATION OR ACCIDENTAL DEATH & DISMEMBERMENT INCLUDING OFFICERS, PARTNERS AND SOLE PROPRIETORS	POLICY NUMBER			[X] STATUTORY LIMITS EACH ACCIDENT DISEASE - POLICY LIMIT DISEASE - EACH EMPLOYEE	 $1,000,000 $1,000,000 $1,000,000
E	OTHER					

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

Project Name and Location. Neighbors Construction Company, Inc., its assigns, subsidiaries and affiliates are hereby named as an additional insured including Primary Non Contributory on all Policies excluding Workers' Compensation. Additional insured on General Liability includes Completed Operations. Waivers of subrogation in favor of Neighbors Construction Company, Inc., its assigns, subsidiaries and affiliates for above policies as allowed by State law.

CERTIFICATE HOLDER

Neighbors Construction Company, Inc.
9800 Legler
Lenexa, KS 66219

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE 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 OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OF REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE