Client#: 98537 28MORGANCONS

## ACORD..

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 3/13/2019

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                            | CONTACT<br>NAME:         |                               |       |  |
| AGENT NAME AND ADDRESS              | PHONE<br>(A/C, No, Ext): | FAX<br>(A/C, No):             |       |  |
|                                     | E-MAIL<br>ADDRESS:       |                               |       |  |
|                                     |                          | INSURER(S) AFFORDING COVERAGE | NAIC# |  |
|                                     | INSURER A: TBD           |                               |       |  |
| INSURED CONTRACTOR NAME AND ADDRESS | INSURER B : TBD          |                               |       |  |
| SUB CONTRACTOR NAME AND ADDRESS     | 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.

|      | TYPE OF INSURANCE             | ADDL<br>INSR  | SUBR<br>WVD  | POLICY NUMBER   | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY)   | LIMIT   | S   |
|------|-------------------------------|---|--|---|--|--|---|---|
|      | CLAIMS-MADE X OCCUR           | X   X   IBD   | X  | X TBD   | TBD  | TBD  | EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Fa occurrence)  | \$1,000,000<br>\$500,000  |
|      |                               |   |  |   | MED EXP (Any one person)   | \$5,000  |   |   |
|      |                               |   |  |   |  |  | PERSONAL & ADV INJURY   | \$1,000,000   |
| GEN  |                               |   |  |   |  |  | GENERAL AGGREGATE   | \$2,000,000   |
|      | POLICY X PRO-<br>JECT LOC     |   |  |   |  |  | PRODUCTS - COMP/OP AGG  | \$2,000,000   |
|      | OTHER:                        |   |  |   |  |  |   | \$  |
| AUT  | TOMOBILE LIABILITY            | X   |  | TBD   | TBD  | TBD  | COMBINED SINGLE LIMIT (Ea accident)   | \$1,000,000   |
| X    | 7                             |   |  |   |  |  | BODILY INJURY (Per person)  | \$  |
|      | ALL OWNED SCHEDULED AUTOS     |   |  |   |  |  | BODILY INJURY (Per accident)  | \$  |
| Χ    | HIRED AUTOS X NON-OWNED AUTOS |   |  |   |  |  | PROPERTY DAMAGE<br>(Per accident)   | \$  |
|      |                               |   |  |   |  |  | ,   | \$  |
| Χ    | UMBRELLA LIAB X OCCUR         |   |  | TBD   | TBD  | TBD  | EACH OCCURRENCE   | \$1,000,000   |
|      | EXCESS LIAB CLAIMS-MADE       |   |  |   |  |  | AGGREGATE   | \$1,000,000   |
|      | DED X RETENTION \$0           |   |  |   |  |  |   | \$  |
|      | EMPLOYEDELLIABILITY           |   | Х  | TBD   | TBD  | TBD  | X PER OTH-  |   |
| ANY  | PROPRIETOR/PARTNER/EXECUTIVE  | N / A   |  |   |  |  | E.L. EACH ACCIDENT  | \$500,000   |
| (Mar | ndatory in NH)                | N/A   |  |   |  |  | E.L. DISEASE - EA EMPLOYEE  | \$500,000   |
|      |                               |   |  |   |  |  | E.L. DISEASE - POLICY LIMIT   | \$500,000   |
|      |                               |   |  |   |  |  |   |   |
|      |                               |   |  |   |  |  |   |   |
|      |                               |   |  |   |  |  |   |   |
|      | X X WOOLAND                   | COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X OCCUR EXCESS LIAB X OCCUR CLAIMS-MADE | COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X JECT LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X OCCUR EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIET TOR/PART NER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH) If yes, describe under | COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- POLICY X JECT LOC OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X OCCUR EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under | COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS AUTOS  X HIRED AUTOS X NON-OWNED AUTOS  X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNERS/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under | COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X JECT LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  ALL OWNED AUTOS  X HIRED AUTOS  X HIRED AUTOS  X UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$0  WORKERS COMPENSATION  AND PROPIETOR/PARTNER/EXECUTIVE N  OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under | COMMERCIAL GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  TBD  TBD  TBD  TBD  TBD  TBD  TBD  T | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X JECT LOC OTHER:  AUTOMOBILE LIABILITY ALL OWNED AUTOS AUTOS X HIRED AUTOS X ONN-OWNED AUTOS X ONN-OWNED AUTOS X DEED X RETENTION \$0  WORKERS COMPENSATION NON OWNERS COMPENSATION NOT OWNERS COMPENSATI |

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

Morgan Construction Co., Inc. and Project Owner are included as additional insured with respects to genera
liability and automobile liability policies.

General Liability additional insured includes products completed operations on a primary non contributory basis per form CG2010 (04/13) and CG2037 (04/13), or the equivalent. (See Attached Descriptions)

| CERTIFICATE HOLDER  | CANCELLATION   |  |  |  |
|---|--|--|--|--|
| Morgan Construction Co., Inc.<br>P.O. Box 4404<br>Chattanooga, TN 37405 | 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  |  |  |  |
|   | A Sugar  |  |  |  |
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| DESCRIPTIONS (Continued from Page 1)  |
|---|
| General Liability aggregate applies per project.  |
| Waiver of subrogation is included with respects to general liability and workers compensation policies in favor of Morgan Construction Co., Inc. and Project Owner. |
| 30 day cancellation clause, with the exception of 10 days for non payment of premium, is included in favor of Morgan Construction Co., Inc. and Project Owner.      |
| Umbrella policy follows form to all underlying policies, including additional insured endorsements.   |
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