ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (date: mmddyy)								
PRODUCER  SUBCONTRACTORS AGENT, ADDRESS AND PHONE #					THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGNTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
				COMPANIES AFFORDING COVERAGE COMPANY				
					A SUB CONTRACTOR(S) INSURANCE COMPANY(IES)			
INSURED SUBCONTRACTORS NAME & ADDRESS OF CONTRACTOR				COMPANY B				
				COMPANY C				
					COMPANY D			
COVERAGES 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.								
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFE DATE (MMI	ECTIVE	POLICY EXPIRATION DATE (MMDDYY)	LIMITS		
	general liability					GENERAL AGGREGATE	\$ 2,000,000.00	
	Commercial general liability	POLICY NUMBER				PRODUCTS-COMP/OP AGG	\$ 2,000,000.00	
	claims made occur		DAT	E	DATE	PERSONAL & ADV INJURY	\$ 1,000,000.00	
	owner's & contractor's prot					EACH OCCURANCE	\$ 1,000,000.00	
	AGGREGATE LIMIT PER PROJECT					FIRE DAMAGE (any one fire)	\$ 50,000.00	
						MED EXP (ANY ONE PERSON)	\$ 5,000,00	
	AUTOMOBILE LIABILITY Any Auto				DATE	COMBINED SINGLE LIMIT	\$ 1,000,000.00	
	all owned autos			E		BODILY INJURY		
	scheduled autos	POLICY NUMBER	DAT			(PER PERSON)	\$	
	hired autos	nired autos				BODILY INJURY		
	non-owned autos					(PER ACCIDENT)	\$	
						PROPERTY DAMAGE	\$	
	GARAGE LIABILITY					AUTO ONLY-EA ACCIDENT	\$	
	ANY AUTO					OTHER THAN AUTO ONLY		
	닏					EACH ACCIDENT		
						AGGREGATE		
	EXCESS LILABILITY	POLICY NUMBER		E DATE	DATE	EACH OCCURANCE AGGREGATE	\$ 1,000,000.00 \$ 1,000,000.00	
	UMBRELLA FORM		DAT		AUGREGATE	\$ 1,000,000.00		
	OTHER THAN UMBRELLA WORKERS COMPENSATION AND			-+		WC STATU- □OTHER	<b>J</b>	
	EMPLOYER LIABILITY					TORY LIMITS	\$	
	THE PROPRIETOR/ INCL	POLICY NUMBER	DAT	E DATE	EL EACH ACCIDENT	\$1,000,000.00		
	PARTNERS/EXECUTIVE EXCL					EL DISEASE - POLICY LIMIT		
	OFFICERS ARE:					EL DISEASE-EA EMPLOYEE	\$1,000,000.00	
	THER							
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS								
For the work performed by   Sub Name> at the <project name=""> Project Site, M Bar C Construction, Inc. and all</project>								
others required by contract documents are named as additional insureds on a primary and non-contributory basis on the General Liability								
(ISO endorsement CG 2010 11/85 version or equivalent attached), Automobile, and Excess/Umbrella policies. Waiver of subrogation in								
favor of M Bar C Construction, Inc., < Owner>, their subsidiaries and affiliates, applies to all policies.								
CERTIFICATE HOLDER  CANCELLATION - 10-day notice for non-payment of premium  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED								
M Bar C Construction, Inc.				BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL				
674 Rancheros Drive				ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE				
	Marcos, CA 92069			HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE				
COMPANY, ITS AGENTS OR REPRESE							T KIND OF OR THE	

Authorized Representative Signature