



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

Insurance Agent/Broker Name Insurance Agent/Broker Street Address or P.O. Box Insurance Agent/Broker City, & State & Zip Code Contact & Phone Number	CONTACT NAME: Insurance Broker's Name	PHONE (A/C. No. Ext): Insurance Broker's Telephone #	FAX (A/C. No.):
	E-MAIL ADDRESS: Insurance Broker Email Address		
Subcontractor's Name/s (must match contract/purchase order) Subcontractor's Street Address or P.O. Box Subcontractor's State & Zip Code	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Name of Insurance Carrier		Enter NAIC #
	INSURER B: Name of Insurance Carrier (if applicable)		Enter NAIC #
	INSURER C: Name of Insurance Carrier (if applicable)		Enter NAIC #
	INSURER D: Name of Insurance Carrier (if applicable)		Enter NAIC #
	INSURER E: Name of Insurance Carrier (if applicable)		Enter NAIC #
INSURER F: Name of Insurance Carrier (if applicable)		Enter NAIC #	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY (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 <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	Enter Policy #	Effective Date	Expiration Date	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$N/A PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	Enter Policy #	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$Enter Amount	Y	Y	Enter Policy #	Effective Date	Expiration Date	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			Enter Policy #	Effective Date	Expiration Date	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
	OTHER						

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

All Operations, All Locations.

DGC Capital Contracting Corp and all their Clients, their affiliates and subsidiaries are named as additional insured on a primary and non contributory basis on all policies excluding workers compensation. Completed Operations coverage is included for the additional insured. A waiver of subrogation is provided in favor of DGC Capital Contracting Corp. and Owner. A 30 Day written notice of cancellation will be provided to DGC Capital Contracting Corp. Contractual Liability is included on the general liability policy and the umbrella follows form.

CERTIFICATE HOLDER **CANCELLATION**

DGC Capital Contracting Corp. 506 South 9th Avenue Mount Vernon, NY 10550	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE 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 OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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EXHIBIT C: INSURANCE REQUIREMENTS- NEW YORK

Before commencing work the Subcontractor shall procure and maintain insurance from companies licensed in the state where the work is being performed, at his own expense, until completion and final acceptance of the work with not less than the attached limits and coverages.

Please provide DGC Capital with original certificates and amendatory endorsements effecting coverage required by this contract. All certificates and endorsements are to be received and approved by DGC Capital prior to work beginning. Failure to obtain the required documents prior to the work beginning shall not waive the Subcontractor's obligation to provide insurance. A copy of the entire Commercial General Liability policy shall be submitted to the Contractor when requested

The Certificate of Insurance must indicate DGC Capital Contracting Corp. as certificate holder.

Additional Insured Endorsements issued to your General Liability policy must be submitted.

The Description of Operations must say:

All Operations, All Locations.

DGC Capital Contracting Corp and all their Clients, their affiliates and subsidiaries are named as additional insured on a primary and non-contributory basis on all policies excluding workers compensation. Completed Operations coverage is included for the additional insured. A waiver of subrogation is provided in favor of DGC Capital Contracting Corp. and Owner. A 30 Day written notice of cancellation will be provided to DGC Capital Contracting Corp. Contractual Liability is included on the general liability policy and the umbrella follows form.

Insurance Requirements for Projects located in New York:

- 1) Commercial General Liability (CGL) coverage with limits of Insurance of not less than \$2,000,000 each occurrence and \$4,000,000 Annual Aggregate.
 - a) If the CGL coverage contains a General Aggregate Limit, such General Aggregate shall apply separately to each project.
 - b) CGL coverage shall be written on ISO Occurrence form CG 00 01 1093 or a substitute form providing equivalent coverage and shall cover liability arising from premises, operations, independent contractors, products-completed operations, residential projects (if applicable) and personal and advertising injury.
 - c) Contractor, Owner and all other parties who Contractor is required to name as additional insureds by any contract, shall be included as insureds on the CGL, using ISO Additional Insured Endorsement CG 20 10 (11 85) or a combination of CG 20 10 (10 01) & CG 20 37 (10 01), or an endorsement providing equivalent or broader coverage to the additional insureds. The coverage provided to the additional insureds under the policy issued to the Subcontractor shall be at least as broad as the coverage provided to the Subcontractor under the policy. Coverage for the additional insureds shall apply as Primary and non-contributing Insurance before any other insurance or self-insurance, including any deductible, maintained by, or provided to, the additional insureds.
 - d) Subcontractor shall maintain CGL coverage for itself and all additional insureds for the duration of the project and maintain Completed Operations coverage for itself and each additional insured for at least 3 years after completion of the Work.
 - e) CGL coverage shall not have a residential exclusion.
- 2) Automobile Liability
 - a) Business Auto Liability with limits of at least \$1,000,000 each accident.
 - b) Business Auto coverage must include coverage for liability arising out of all owned, leased, hired and non-owned automobiles.
 - c) General Contractor, Owner and all other parties required of the General Contractor, shall be included as insureds on the auto policy.
- 3) Commercial Umbrella
 - a) Umbrella limits must be at least \$5,000,000.
 - b) Umbrella coverage must include as insureds all entities that are additional insureds on the CGL.
 - c) Umbrella coverage for such additional insureds shall apply as primary before any other insurance or self-insurance, including any deductible, maintained by, or provided to, the additional insured other than the CGL, Auto Liability and Employers Liability coverages maintained by the Subcontractor.
- 4) Workers Compensation and Employers Liability
 - a) Employers Liability Insurance limits of at least \$1,000,000 each accident for bodily injury by accident and \$1,000,000 each employee for injury by disease.
 - b) Where applicable, U.S. Longshore and Harbor workers Compensation Act Endorsement shall be attached to the policy.
 - c) Where applicable, the Maritime Coverage Endorsement shall be attached to the policy.
- 5) The subcontractor shall not sublet any part of his work without assuming full responsibility for requiring similar insurance from his subcontractors and shall submit satisfactory evidence to that effect to the Contractor. Each such insurance policy, except the Worker's Compensation Policy, shall include the Owner and the Contractor as an additional insured.

Waiver of Subrogation

Subcontractor waives all rights against Contractor, Owner and Architect and their agents, officers, directors and employees for recovery of damages to the extent these damages are covered by commercial general liability, commercial umbrella liability, business auto liability or workers compensation and employers liability insurance maintained per requirements stated above.

EXHIBIT C: INSURANCE REQUIREMENTS- NEW JERSEY & OTHER STATES

Before commencing work the Subcontractor shall procure and maintain insurance from companies licensed in the state where the work is being performed, at his own expense, until completion and final acceptance of the work with not less than the attached limits and coverages.

Please provide DGC Capital with original certificates and amendatory endorsements effecting coverage required by this contract. All certificates and endorsements are to be received and approved by DGC Capital prior to work beginning. Failure to obtain the required documents prior to the work beginning shall not waive the Subcontractor's obligation to provide insurance. A copy of the entire Commercial General Liability policy shall be submitted to the Contractor when requested

The Certificate of Insurance must indicate DGC Capital Contracting Corp. as certificate holder.

Additional Insured Endorsements issued to your General Liability policy must be submitted.

The Description of Operations must say:

All Operations, All Locations.

DGC Capital Contracting Corp and all their Clients, their affiliates and subsidiaries are named as additional insured on a primary and non-contributory basis on all policies excluding workers compensation. Completed Operations coverage is included for the additional insured. A waiver of subrogation is provided in favor of DGC Capital Contracting Corp. and Owner. A 30 Day written notice of cancellation will be provided to DGC Capital Contracting Corp. Contractual Liability is included on the general liability policy and the umbrella follows form.

Insurance Requirements for NJ and other states

The Subcontractor shall purchase and maintain insurance of the following types of coverage and limits of liability:

- 1) Commercial General Liability (CGL) with limits of Insurance of not less than \$2,000,000 each occurrence and \$4,000,000 Annual Aggregate.
 - a) If the CGL coverage contains a General Aggregate Limit, such General Aggregate shall apply separately to each project.
 - b) CGL coverage shall be written on ISO Occurrence form CG 00 01 1093 or a substitute form providing equivalent coverage and shall cover liability arising from premises, operations, independent contractors, products-completed operations, and personal and advertising injury.
 - c) General Contractor, Owner and all other parties required of the General Contractor, shall be included as insureds on the CGL, using ISO Additional Insured Endorsement CG 20 10 (11 85) or CG 20 10 (10 93) AND CG 20 37 (10 01) or CG 20 33 (10 01) AND CG 20 37 (10 01) or an endorsement providing equivalent coverage to the additional insureds. This insurance for the additional insureds shall be as broad as the coverage provided for the named insured subcontractor. It shall apply as Primary and non-contributing Insurance before any other insurance or self-insurance, including any deductible, maintained by, or provided to, the additional insured.
 - d) Subcontractor shall maintain CGL coverage for itself and all additional insureds for the duration of the project and maintain Completed Operations coverage for itself and each additional insured for at least 3 years after completion of the Work.
 - e) CGL coverage shall not have a residential exclusion.
- 2) Automobile Liability
 - a) Business Auto Liability with limits of at least \$1,000,000 each accident.
 - b) Business Auto coverage must include coverage for liability arising out of all owned, leased, hired and non-owned automobiles.
 - c) General Contractor, Owner and all other parties required of the General Contractor, shall be included as insureds on the auto policy via the use of form CA 20 48 02 99 or the equivalent.
- 3) Commercial Umbrella
 - a) Umbrella limits must be at least \$5,000,000.
 - b) Umbrella coverage must include as insureds all entities that are additional insureds on the CGL.
- 4) Workers Compensation and Employers Liability
 - a) Employers Liability Insurance limits of at least \$1,000,000 each accident, \$1,000,000 for bodily injury by accident, and \$1,000,000 each employee for injury by disease.
 - b) Where applicable, U.S. Longshore and Harbor workers Compensation Act Endorsement shall be attached to the policy.
 - c) Where applicable, the Maritime Coverage Endorsement shall be attached to the policy

Waiver of Subrogation

Subcontractor waives all rights against Contractor, Owner and Architect and their agents, officers, directors and employees for recovery of damages to the extent these damages are covered by commercial general liability, commercial umbrella liability, business auto liability or workers compensation and employers liability insurance maintained per requirements stated above. Subcontractor's Workers Compensation policy has WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT with Contractor, Owner and Architect listed on SCHEDULE.