

<b>"EXAMPLE" CERTIFICATE OF INSURANCE</b>		DATE (MM/DD/YYYY)
PRODUCER  <p style="text-align: center;">Insurance Agent</p>	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  <p style="text-align: center;">Subcontractor/Supplier to Postler &amp; Jaeckle Corp.</p>	INSURERS AFFORDING COVERAGE INSURER A: INSURANCE CO. INSURER B: INSURANCE CO. INSURER C: INSURANCE CO. INSURER D: INSURER E:	NAIC #

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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 BE REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	123456	MONTH DATE YEAR	MONTH DATE YEAR	EACH OCCURRENCE	1,000,000
		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____	7891011	MONTH DATE YEAR	MONTH DATE YEAR	COMBINED SINGLE LIMIT (EA ACCIDENT)	1,000,000
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				BODILY INJURY (PER PERSON)	
		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	12131415	MONTH DATE YEAR	MONTH DATE YEAR	PERSONAL & ADV INJURY	1,000,000
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETORS <input type="checkbox"/> INCL PARTNER/EXECUTIVE <input type="checkbox"/> EXCL OFFICERS ARE:		MONTH DATE YEAR	MONTH DATE YEAR	GENERAL AGGREGATE	2,000,000
		OTHER				PRODUCTS - COMPIOP AGG	2,000,000
						AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY:    EA ACC AGG	
						EACH OCCURRENCE	5,000,000
						AGGREGATE	5,000,000
						WC STATU- <input checked="" type="checkbox"/> TORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	Statutory
						E.L. DISEASE - EA EMPLOYEE	Statutory
						E.L. DISEASE - POLICY LIMIT	Statutory

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 Postler & Jaeckle Corp., the project owner, and all other parties as required by contract are named as additional insured on a primary and non-contributing basis for any and all work performed by the insured. A copy of Additional Insured endorsement is required.

<b>CERTIFICATE HOLDER</b> Postler & Jaeckle Corp. 615 South Avenue Rochester, New York 14620-1385	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.  AUTHORIZED REPRESENTATIVE
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