



CERTIFICATE OF LIABILITY INSURANCE

Exhibit "D"

DATE (MM/DD/YYYY)

11/01/2019

Contracts under \$500,000

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).

| | | | |
|---------------------------|--|-------------------------------|--|
| PRODUCER | | CONTACT NAME: | |
| Insurance Agency Name | | PHONE (A/C, No, Ext): | |
| Insurance Agency Address | | FAX (A/C, No): | |
| | | E-MAIL ADDRESS: | |
| | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A : | |
| | | INSURER B : | |
| | | INSURER C : | |
| | | INSURER D : | |
| | | INSURER E : | |
| | | INSURER F : | |
| INSURED | | NAIC # | |
| Subcontractor/Vendor Name | | | |
| Address | | | |

COVERAGES

CERTIFICATE NUMBER: Contracts Under 500k

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 EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|-------------------------------------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| <input checked="" type="checkbox"/> | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 |
| | <input checked="" type="checkbox"/> XCU coverage is included | | | | | | MED EXP (Any one person) \$ 5,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | OTHER: | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | | | | | | AGGREGATE \$ |
| | DED RETENTION \$ | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | | | | E.L. EACH ACCIDENT \$ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| | Professional Liability * | | | | | | Each occurrence 2,000,000 |
| | Pollution Liability * Note: Refer to Exhibit "A" Articles 12 Section F (v) and (vi) of the Subcontract Agreement for reference to determine which Subcontractors are required to provide this Insurance. | | | | | | Each occurrence 1,000,000 |

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

P.J. Hayes, Inc. d/b/a Tandem Construction & the Owner is named as an additional insured on a Primary and Non-Contributory basis with respects to General Liability and Auto Liability for work performed by the Named Insured for the (PROJECT NAME) project, including Ongoing & Completed Operations per Additional Insured form CG 2010 & CG 20 37 (07/04 Edition), or its equivalent. Waiver or Subrogation applies with respects to General Liability, Auto Liability and Workers Compensation.

CERTIFICATE HOLDER**CANCELLATION**

P.J. Hayes, Inc. d/b/a Tandem Construction
5391 Lakewood Ranch Blvd. N.
Suite 200
Sarasota, FL 34240

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

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| | | | |
|--|--|---|--|
| PRODUCER Insurance Agency Name Insurance Agency Address | | CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: | |
| | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A : | |
| | | INSURER B : | |
| | | INSURER C : | |
| | | INSURER D : | |
| | | INSURER E : | |
| | | INSURER F : | |

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| <input checked="" type="checkbox"/> | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| <input checked="" type="checkbox"/> | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| <input checked="" type="checkbox"/> | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 L. DISEASE - POLICY LIMIT \$ 1,000,000 |
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AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

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2025



BONDING REFERENCE

AGENT: Please return this page to the Subcontractor

Subcontractor - Please provide the following information:

TO: (Insurance Agency): _____

Agency's Contact Name: _____

Email: _____

Phone: _____

FROM: (Subcontractor) _____

This inquiry is authorized by: Name: _____ Title: _____

Email: _____

Phone: _____

Bonding Agent - Please provide the following information:

Bonding Company (Surety, not Agent): _____

(List complete Surety name as it appears on the Dept. of Treasury's Listing of Approved Sureties (Department Circular 570))

Bonding Company Best Rating: _____

Bonding capacity in aggregate: \$ _____

Bonding capacity per project: \$ _____

Value of work currently bonded: \$ _____

Bonding rate per \$1,000: _____

Bond Agency Contact Name: _____ Phone: _____

Print Name and Title: _____

Signature of Agent: _____ Date: _____

The contents of this form are confidential and used solely to determine the applicant's qualifications. Your prompt response to this inquiry is greatly appreciated.