

ACORD	CERTIFICATE OF INSURANCE	Issue Date			
PRODUCER Broker Name Address Telephone Number		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: Subcontractor: NON- ENROLLED CONTRACTORS Address Address		COMPANIES AFFORDING COVERAGE			
		A.			
		B.			
		C.			
		D.			
		E.			
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, NOT WITHSTANDING 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 OR SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY					
A <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY <input checked="" type="checkbox"/> PER PROJECT AGGREGATE	(Policy Number)	Eff. Date	Exp. Date	GENERAL AGGREGATE	\$2,000,000
				PRODUCTS-COMP/OP AGGREGATE	\$2,000,000
				PERSONAL & ADV INJURY	\$1,000,000
				EACH OCCURRENCE	\$1,000,000
				FIRE DAMAGE (Any one fire)	\$ 100,000
				MED EXP (Any one person)	\$ 5,000
AUTOMOBILE LIABILITY					
A <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	(Policy Number)	Eff. Date	Exp. Date	COMBINED SINGLE LIMIT	\$1,000,000
				BODILY INJURY (Per person)	
				BODILY INJURY (Per Accident)	
				PROPERTY DAMAGE	
GARAGE LIABILITY					
<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
				OTHER THAN AUTO ONLY	
				EACH ACCIDENT:	\$
				AGGREGATE	\$
EXCESS LIABILITY					
A <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	(Policy Number)	Eff. Date	Exp. Date	EACH OCCURRENCE	
				AGGREGATE	
WORKERS COMPENSATION AND EMPLOYERS LIABILITY					
A <input type="checkbox"/> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	(Policy Number)	Eff. Date	Exp. Date	<input checked="" type="checkbox"/> STATUTORY LIMITS	
				EACH ACCIDENT	\$1,000,000
				DISEASE - POLICY LIMIT	\$1,000,000
				DISEASE - EACH EMPLOYEE	\$1,000,000
OTHER					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS RE: PROJECT NAME: KERN HEALTH SYSTEMS OFFICE BUILDING CERTIFICATE HOLDER: KERN HEALTH SYSTEMS, ITS BOARD OF TRUSTEES AND THEIR EMPLOYEES, REPRESENTATIVES, INSPECTORS (INCLUDING WITHOUT LIMITATION PROJECT INSPECTOR) CONSULTANTS (INCLUDING WITHOUT LIMITATION ARCHITECT/ENGINEER, DEVELOPMENT CONSULTANT AND THEIR CONSULTANTS) AND S.C. ANDERSON, INC., ARE HEREBY NAMED AS ADDITIONAL INSURED FOR GENERAL LIABILITY AND AUTO PER THE ATTACHED ENDORSEMENTS (CG2010 10/01 AND CG 2037 10/01) WAIVER OF SUBROGATION ENDORSEMENTS TO BE ATTACHED FOR GENERAL LIABILITY AND WORKERS COMPENSATION.					
CERTIFICATE HOLDER			CANCELLATION		
KERN HEALTH SYSTEMS			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT		
			AUTHORIZED REPRESENTATIVE (Signed by Authorized Signature)		