

**PRODUCER**

Insurance Agent's Name  
and Address

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

**TELEPHONE #**

**COMPANIES AFFORDING COVERAGE**

**INSURED**

Contractor or Subcontractor's Name and Address

Sample Certificate

Required Insurance

COMPANY A INSURANCE CARRIER  
LETTER

COMPANY B  
LETTER

COMPANY C  
LETTER

COMPANY D  
LETTER

**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.

INS LTR	TYPE OF INSURANCE	POLICY NO.	POLICY EFF. DATE MM/DD/YY	POLICY EXP. DATE MM/DD/YY	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GEN. LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/>	Policy Number			GENERAL AGGREGATE PRODUCTS-COMP/OPS \$1,000,000 AGGREGATE \$1,000,000 PERSONAL & ADVERTISING INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 MEDICAL EXPENSE (Any one person) \$ 10,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Policy Number			COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE
	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA <input type="checkbox"/> OTHER THAN UMBRELLA FORM	Policy Number			EACH OCCURRENCE \$2,000,000 AGGREGATE
	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY	Policy Number			<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
	LEASED/RENTED EQUIPMENT	Policy Number			LEASED/RENTED EQUIP REPLACEMENT VALUE <b>BLANKET OR</b>

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEM**

NorthStar Equipment is included as Additional Insured for General Liability and Excess (Umbrella) Liability, for ongoing and completed operations, and loss payee for physical damage coverage for leased/rented equipment as required by signed written contractor agreement with the Named Insured.

Notice of cancellation provision is 30 days, except 10 days applies for non-payment of premium.

**CERTIFICATE HOLDER**

NorthStar Equipment  
24 Martin Street, Suite 4  
Cumberland, RI 02864

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE MAILED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**

**By:**