

PRODUCER

Please send this Sample Certificate to your Agent.

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.

INSURERS AFFORDING COVERAGE

INSURED

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OF 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	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 type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURENCE	\$ 1,000,000			
					DAMAGE TO RENTED PREMISES	\$			
					MED EXP (Any one person)	\$			
					PERSONAL & ADV INJURY	\$ 1,000,000			
					GENERAL AGGREGATE	\$ 2,000,000			
					PRODUCTS-COMP/OP AGG	\$ 2,000,000			
	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 <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
					BODILY INJURY (Per person)	\$			
					BODILY INJURY (Per accident)	\$			
					PROPERTY DAMAGE (Per accident)	\$			
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY-EA ACCIDENT	\$			
					OTHER THAN EA ACC	\$			
					AUTO ONLY: AGG	\$			
	UMBRELLA / EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$			
					AGGREGATE	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<table border="1"> <tr> <td>WC STATU- ORY LIMITS</td> <td>OTH- ER</td> <td></td> </tr> </table>	WC STATU- ORY LIMITS	OTH- ER		
WC STATU- ORY LIMITS	OTH- ER								
					E.L. EACH ACCIDENT	\$ 500,000			
					EL DISEASE-EA EMPLOYEE	\$ 500,000			
					EL DISEASE - POLICY LIMIT	\$ 500,000			
	OTHER								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

All Operations
 Dalke Construction and the owner are named as an additional insured on the General Liability Policy, with respects to operations of the Named Insured. Coverage is primary and non-contributory. Waiver of Subrogation applies.

CERTIFICATE HOLDER

X

ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

Dalke Construction Co., Inc.
2180 16th Street NE
Salem, Oregon 97301
Fax: (503) 585-1978

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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 OF REPRESENTATIONS
 AUTHORIZED REPRESENTATIVE