

CERTIFICATE OF INSURANCE Issue Date: **Date Here**

PRODUCER
Contractor Insurance Agency Information
 (Name)
 (Address)
 (City & State Code)

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.

COMPANIES AFFORDING COVERAGE

Company Letter
A Your First Insurance Co.

INSURED
Contractor Information
 (Name)

 (Address)

 (City, State Code)

Company Letter
B Your Second Insurance Co. (if applicable)

Company Letter
C Your Third Insurance Co. (if applicable)

Company Letter
Your Fourth Insurance Co. (if applicable)

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.

CO LTR	Coverage	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits of Liability
#3	General Liability <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Owner's & Contract Protection <input checked="" type="checkbox"/> Per Project Aggregate (Endorsement CG2503)		Eff. Date Here	Exp. Date Here	General Aggregate \$ 1,000,000 Products Comp/Ops Aggregate \$ 1,000,000 Personal & Adv. Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Fire Damage (Any 1 Fire) \$ 1,000,000 Med. Expenses (Any 1 Person) \$ 10,000
#4	Automobile Liability <input checked="" type="checkbox"/> Any Auto <input checked="" type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Garage Liability		Eff. Date Here	Exp. Date Here	Combined Single Limit \$ 1,000,000 Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage \$
#5	Excess Liability <input checked="" type="checkbox"/> Umbrella form <input type="checkbox"/> Other than Umbrella form		Eff. Date Here	Exp. Date Here	Each Occurrence \$ 5,000,000 Aggregate \$ 5,000,000
#2*	Workers' Compensation And Employer's Liability		Eff. Date Here	Exp. Date Here	Statutory Each Accident \$ 100,000 Disease Policy Limit \$ 100,000 Disease Each Employee \$ 100,000

***Worker's Compensation shall include coverage under the United States Longshoremen's and Harbor Worker's Compensation Act, and Broad Form All States Coverage.**

Description of Operations/Locations/Vehicles/Restrictions/Special Items

Site Location: Job Specific, Job Address, City, State, Zip Code
 CK Construction, Inc. Job #:
 Additional Insured includes: CK Construction, Inc. and Owner on all liability insurances. #1

CERTIFICATE HOLDER

CK Construction, Inc.
 7355 Remcon Cir. Suite 106
 El Paso, Texas 79912

 Phone: 915-225-0062
 Fax: 915-585-6976

CANCELLATION #7

The insurance covered by this certificate shall not be cancelled, or materially altered, except after thirty (30) days prior written notice to Certificate Holder named to the left.
 Authorized Representative:



