

# CONSTRUCTION LTD

## EXHIBIT "J"

### REQUIRED COVERAGES

1825 Upland Houston, Texas 77043 713.984.9444 ph 713.984.2320 fx

<b>CLTD Requires this Form: <u>ACORD</u></b>	<b>CERTIFICATE OF INSURANCE</b>	DATE (MM/DD/YY) <b>CURRENT</b>
<b>PRODUCER</b> YOUR CURRENT AGENCY NAME ADDRESS CITY, STATE ZIP PHONE #		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.
<b>INSURED</b> SUBCONTRACTOR NAME SUBCONTRACTOR ADDRESS CITY, STATE ZIP PHONE # FAX #		INSURER A: <b>MUST BE "B++" RATING</b> INSURER B: INSURER C: INSURER D: INSURER E:
<b>COVERAGES</b> THE POLICIES OF INSURANCE LISTED 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		
NSR LTR	ADDL INSRD	LIMITS
A	TYPE OF INSURANCE <b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL BRD FM <input checked="" type="checkbox"/> XCU INCLUDED GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	POLICY NUMBER ##### SAMPLE
E	POLICY EFFECTIVE DATE (MM/DD/YY) MUST BE IN PLACE PRIOR TO COMMENCING WORK AT JOBSITE	POLICY EXPIRATION DATE (MM/DD/YY) WARRANTY EXPIRATION (MAINTAIN ONE YEAR FROM SUBSTANTIAL COMPLETION DATE) *** MAINTAIN THRU Full Statutory Period
C	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (ANY ONE FIRE) \$ 100,000 MED EXP (ANY ONE PERSON) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 *** PRODUCTS - COMP/OP AGG (Statutory Period - 5 Year Term after Final Pymt) \$ 2,000,000	
A	TYPE OF INSURANCE <b>AUTOMOBILE LIABILITY</b> <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 AUTOS	POLICY NUMBER ##### SAMPLE
E	POLICY EFFECTIVE DATE (MM/DD/YY) MUST BE IN PLACE PRIOR TO COMMENCING WORK AT JOBSITE	POLICY EXPIRATION DATE (MM/DD/YY) WARRANTY EXPIRATION (MAINTAIN ONE YEAR FROM SUBSTANTIAL COMPLETION DATE)
R	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
T	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	AUTO ONLY - EA ACCIDENT \$ EA ACC \$ OTHER THAN AUTO ONLY AGG \$
B	TYPE OF INSURANCE <b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	POLICY NUMBER ##### SAMPLE
I	POLICY EFFECTIVE DATE (MM/DD/YY) MUST BE IN PLACE PRIOR TO COMMENCING WORK AT JOBSITE	POLICY EXPIRATION DATE (MM/DD/YY) WARRANTY EXPIRATION (MAINTAIN ONE YEAR FROM SUBSTANTIAL COMPLETION DATE)
F	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000	
A	TYPE OF INSURANCE <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PRPRIETOR/PARTNERS <input checked="" type="checkbox"/> INCL. EXECUTIVE OFFICERS ARE: <input type="checkbox"/> EXCL.	POLICY NUMBER ##### SAMPLE
F	POLICY EFFECTIVE DATE (MM/DD/YY) MUST BE IN PLACE PRIOR TO COMMENCING WORK AT JOBSITE	POLICY EXPIRATION DATE (MM/DD/YY) WARRANTY EXPIRATION (MAINTAIN ONE YEAR FROM SUBSTANTIAL COMPLETION DATE)
I	WC STATUTORY LMT <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E. L. DISEASE - POLICY LIMIT \$ 1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS / ADDED BY ENDORSEMENT / SPECIAL PROVISION <b>REF: PROJECT NAME</b>		
<b>CONSTRUCTION LTD, THE OWNER AND ALL OTHER PARTIES AS REQUIRED BY CONTRACT ARE NAMED AS ADDITIONAL INSURED ON ALL POLICIES EXCEPT WORKERS COMPENSATION ON A PRIMARY AND NONCONTRIBUTING BASES INCLUDING PRODUCT COMPLETED OPERATIONS. (ATTACH COPY OF ADDITIONAL INSURED ENDORSEMENTS). A 30 DAY WRITTEN NOTICE OF CANCELLATION APPLIES TO ALL POLICIES. WAIVER OF SUBROGATION APPLIES TO ALL POLICIES PER CONTRACT. ISO exclusion Endorsement CG2294 or CG2295 or equivalent MUST not be attached to GL/Umbrella policies.</b>		
CERTIFICATE HOLDER <b>CONSTRUCTION LTD</b> 1825 UPLAND HOUSTON, TX 77043		CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>30</b> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. _____ AUTHORIZED REPRESENTATIVE

**S A M P L E C E R T I F I C A T E**