

# CONSTRUCTION LTD

## EXHIBIT "J"

### REQUIRED COVERAGES

1825 Upland Houston, Texas 77043  
713.984.9444 ph  
713.984.2320 fx

<p><b>CLTD Requires this Form: <u>ACORD</u></b></p>	<h1>CERTIFICATE OF INSURANCE</h1>	<p>DATE (MM/DD/YY) <b>CURRENT</b></p>																		
<p><b>PRODUCER</b> YOUR CURRENT AGENCY NAME ADDRESS CITY, STATE ZIP PHONE #</p>		<p>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.</p>																		
<p><b>INSURED</b> SUBCONTRACTOR NAME SUBCONTRACTOR ADDRESS CITY, STATE ZIP PHONE # FAX #</p>																				
<p><b>INSURERS AFFORDING COVERAGE</b></p>																				
<p>INSURER A: <b>MUST BE "B++" RATING</b></p>																				
<p>INSURER B:</p>																				
<p>INSURER C:</p>																				
<p>INSURER D:</p>																				
<p>INSURER E:</p>																				
<p><b>COVERAGES</b></p> <p>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.</p>																				
NSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS														
A	X	<p><b>GENERAL LIABILITY</b></p> <p>COMMERCIAL GENERAL LIABILITY</p> <p>CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/></p> <p>CONTRACTUAL BRD FM <input checked="" type="checkbox"/></p> <p>XCU INCLUDED <input checked="" type="checkbox"/></p> <p>GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/></p>	#####  SAMPLE	MUST BE IN PLACE PRIOR TO COMMENCING WORK AT JOBSITE	WARRANTY EXPIRATION (MAINTAIN ONE YEAR FROM SUBSTANTIAL COMPLETION DATE)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>FIRE DAMAGE (ANY ONE FIRE)</td> <td style="text-align: right;">\$ 100,000</td> </tr> <tr> <td>MED EXP (ANY ONE PERSON)</td> <td style="text-align: right;">\$ 5,000</td> </tr> <tr> <td>PERSONAL &amp; ADV INJURY</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>***PRODUCTS - COMP/OP AGG</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Statutory Period - 5 Year Term after Final Pymt)</td> </tr> </table>	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	\$ 1,000,000	***PRODUCTS - COMP/OP AGG	\$ 1,000,000	(Statutory Period - 5 Year Term after Final Pymt)	
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A	X	<p><b>AUTOMOBILE LIABILITY</b></p> <p>ANY AUTO <input checked="" type="checkbox"/></p> <p>ALL OWNED AUTOS <input type="checkbox"/></p> <p>SCHEDULED AUTOS <input type="checkbox"/></p> <p>HIRED AUTOS <input checked="" type="checkbox"/></p> <p>NON-OWNED AUTOS <input checked="" type="checkbox"/></p>	#####  SAMPLE	MUST BE IN PLACE PRIOR TO COMMENCING WORK AT JOBSITE	WARRANTY EXPIRATION (MAINTAIN ONE YEAR FROM SUBSTANTIAL COMPLETION DATE)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>COMBINED SINGLE LIMIT (Ea accident)</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>AUTO ONLY - EA ACCIDENT</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: right;">EA ACC</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>OTHER THAN AUTO ONLY AGG</td> <td style="text-align: right;">\$</td> </tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	AUTO ONLY - EA ACCIDENT	\$	EA ACC	\$	OTHER THAN AUTO ONLY AGG	\$
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F	A	<p><b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b></p> <p>THE PROPRIETOR/PARTNERS <input checked="" type="checkbox"/> INCL. <input type="checkbox"/> EXCL.</p> <p>EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL. <input type="checkbox"/> EXCL.</p> <p>OTHER <input type="checkbox"/></p>	#####  SAMPLE	MUST BE IN PLACE PRIOR TO COMMENCING WORK AT JOBSITE	WARRANTY EXPIRATION (MAINTAIN ONE YEAR FROM SUBSTANTIAL COMPLETION DATE)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> WC STATUTORY LMT</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>E. L. DISEASE - POLICY LIMIT</td> <td></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> </table>	<input checked="" type="checkbox"/> WC STATUTORY LMT	<input 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		
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<p>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS / ADDED BY ENDORSEMENT / SPECIAL PROVISION</p> <p><b>REF: PROJECT NAME</b></p> <p><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></p>																				
<p><b>CERTIFICATE HOLDER</b></p> <p>CONSTRUCTION LTD 1825 UPLAND HOUSTON, TX 77043</p>			<p><b>CANCELLATION</b></p> <p>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</p> <p>AUTHORIZED REPRESENTATIVE _____</p>																	

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