

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 10/28/2008
PRODUCER INSURANCE AGENCY NAME INSURANCE AGENCY ADDRESS INSURANCE AGENCY CITY STATE AND ZIP INSURANCE AGENCY PHONE NUMBER	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.	
INSURED	SUBCONTRACTORS NAME SUBCONTRACTORS ADDRESS SUBCONTRACTORS CITY STATE AND ZIP	INSURERS AFFORDING COVERAGE INSURER A: BEST RATING A-VII INSURER B: BEST RATING A-VII INSURER C: BEST RATING A-VII INSURER D: BEST RATING A-VII INSURER E:
		NAIC #

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY	POLICY NUMBER	CURRENT	DATES	EACH OCCURRENCE	\$1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$10,000
		DEDUCTIBLE IF APPLIC				PERSONAL & ADV INJURY	\$1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE	\$2,000,000	
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			PRODUCTS - COMP/OP AGG	\$2,000,000	
B	X	AUTOMOBILE LIABILITY	POLICY NUMBER	CURRENT	DATES	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS			AUTO ONLY - EA ACCIDENT	\$	
		<input checked="" type="checkbox"/> NON-OWNED AUTOS			OTHER THAN AUTO ONLY: EA ACC	\$	
		<input type="checkbox"/> ANY AUTO			AGG	\$	
C	X	EXCESS/UMBRELLA LIABILITY	POLICY NUMBER	CURRENT	DATES	EACH OCCURRENCE	\$1,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$1,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$ 0					\$
D	X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	POLICY NUMBER	CURRENT	DATES	WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$500,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$500,000
		OTHER				E.L. DISEASE - POLICY LIMIT	\$500,000

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

Project: Insert the Project Name & Address Here

RLM Enterprises, Inc. dba RLM General Contractors and "Insert Project Owners name here" are listed as Additional Insureds on the General (See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

RLM Enterprises, Inc. dba RLM General Contractors 315 Enterprise Street Longview, TX 75604	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

DESCRIPTIONS (Continued from Page 1)

Liability and Auto Liability policies. The General Liability is endorsed with CG2503 Aggregate Limits Apply Per Project and Additional Insured Endorsement CG20101185 (Form B) or an Additional Insured Endorsement with equivalent language to include completed operations "your work". General Liability coverage is primary and non contributory to any other insurance of RLM Enterprises, Inc. dba RLM General Contractors and "Insert the Project Owner"

A Waiver of Subrogation is provided In favor of RLM Enterprises, Inc. dba RLM General Contractors and their employees and "Insert Project Owners name" on the General Liability, Auto Liability, and Workers Comp Policies.

The Umbrella coverage is follow form on the above referenced policies.

30 Day Notice of cancellation except 10 days for nonpayment of premium.

****ALL SUBCONTRACTORS MUST PROVIDE A COPY OF THE ADDITIONAL INSURED AND WAIVER OF SUBROGATION FORMS FOR EACH POLICY.**