CERTIFICATE OF INSURANCE

FAX TO SALSBURY & ASSOCIATES AT 510 - 413 – 0275

NEED BY :

RUSH - BY _____ END OF DAY _____ 24 HOURS _____

INSURED'S NAME _____ DATE _____

BY: _____ PHONE _____

COVERAGES GL ___ AUTO ___ WC___ PROP___ UMB___ OTHER_____

CERTIFICATE HOLDER:

_____

_____

_____

_____

DESCRIPTION / REGARDING:

_____

_____

RELATIONSHIP TO INSURED:

_____ CERTHOLDER ONLY _____ LANDLORD _____ LENDER / PROPERTY

_____ GENERAL CONTRACTOR _____ LESSOR / EQUIPMENT _____ LESSOR / AUTO

_____ VENDOR

OTHER _____

_____

_____ PRIMARY & NONCONTRIBUTORY WORDING

_____ WAIVER OF SUBROGATION

_____ 30/10 DAY NOC ___ 10 DAY NOC 60/10 DAY NOC

_____ CROSS OUT "ENDEAVOR TO" WORDING

_____ ATTACH ADDENDUM

MAIL INSTRUCTIONS

_____ REGULAR MAIL

_____ FAX TO: INSURED AT FAX # _____

CERTHOLDER AT # _____

OTHER # _____