

ACORD® CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

PRODUCER Agents Name Address 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.
	COMPANIES AFFORDING COVERAGE
	COMPANY LETTER A <i>Danis Building Construction Company</i> <i>(Midwest & Southeast)</i>
INSURED Name of Contractor Address	COMPANY LETTER B <i>Standard Subcontract, Master Trade & Work Order</i>
	COMPANY LETTER C <i>Certificate Sample</i>
	COMPANY LETTER D
	COMPANY LETTER E

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.

OPERATIONS - THIS CERTIFICATE OF INSURANCE COVERS ALL OPERATIONS OF THE INSURED FOR THE CERTIFICATE HOLDER.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY	Must disclose if a residential exclusion exists in any policy			GENERAL AGGREGATE \$1,000,000
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY		PRODUCTS-COMP/OP AGG. \$1,000,000		
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.		PERSONAL & ADV. INJURY \$1,000,000		
	OWNER'S & CONTRACTOR'S PROT.		EACH OCCURRENCE \$1,000,000		
<input checked="" type="checkbox"/>	PER PROJECT AGGREGATE		FIRE DAMAGE (Any one fire) \$ 50,000		
					MED. EXPENSE (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$1,000,000
<input checked="" type="checkbox"/>	ANY AUTO				BODILY INJURY (Per person)
	ALL OWNED AUTOS				BODILY INJURY (Per accident)
<input checked="" type="checkbox"/>	SCHEDULED AUTOS				PROPERTY DAMAGE
<input checked="" type="checkbox"/>	HIRED AUTOS				
<input checked="" type="checkbox"/>	NON-OWNED AUTOS				
	EXCESS LIABILITY	\$5,000,000 Umbrella is required if subcontract price is over \$1,000,000			EACH OCCURRENCE \$2,000,000
<input checked="" type="checkbox"/>	UMBRELLA FORM		AGGREGATE \$2,000,000		
	OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	For Projects Located Other than in Ohio			<input checked="" type="checkbox"/> STATUTORY LIMITS
			EACH ACCIDENT \$1,000,000		
			DISEASE-POLICY LIMIT \$1,000,000		
			DISEASE-EACH EMPLOYEE \$1,000,000		
	EMPLOYERS LIABILITY OHIO STOP GAP - With Intentional Tort Coverage	For Projects Located in Ohio			Bodily Injury Each Employee / Aggregate \$1,000,000
	PROFESSIONAL LIABILITY				Per Claim / Aggregate \$2,000,000
	ENVIRONMENTAL IMPAIRMENT LIABILITY	For Projects w/ Haz Mat	Rider in Subcontract		Per Occurrence / Aggregate \$2,000,000

OTHER PROVISIONS
 DANIS BUILDING CONSTRUCTION COMPANY, THE OWNER OF THE PROJECT, AND EACH OF THEIR RESPECTIVE OFFICERS, AGENTS, AND EMPLOYEES ARE NAMED AS ADDITIONAL INSURED (GL Form CG2010 11/85 - Auto form CA2048) UNDER EACH OF THE ABOVE-REFERENCED POLICIES (EXCEPT WORKERS COMPENSATION & PROFESSIONAL LIABILITY). SUCH INSURANCE SHALL BE PRIMARY AND ANY INSURANCE MAINTAINED BY THE ADDITIONAL INSURED SHALL BE EXCESS AND NON-CONTRIBUTORY UNTIL ALL OF THE LIMITS OF INSURANCE LISTED ABOVE (INCLUDING THE EXCESS LIABILITY) HAVE BEEN EXHAUSTED THROUGH THE PAYMENT OF CLAIMS. A RESIDENTIAL EXCLUSION DOES NOT APPLY TO ANY POLICY.

CERTIFICATE HOLDER Danis Building Construction Company 3233 Newmark Drive Miamisburg OH 45342 <i>DGCC Midwest & Southeast ~ Std, MTA & WO ~ Jan 2007</i>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED AND/OR MATERIALLY CHANGED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL PROVIDE 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. AUTHORIZED REPRESENTATIVE
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