

CERTIFICATE OF INSURANCE (SCHEDULE "E")

DATE (MM/DD/YY)

PRODUCER
 John Doe Insurance Agency
 123 Main Street
 Anytown, USA

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.

INSURERS AFFORDING COVERAGE

INSURED
 Company Name
 Street Address
 City, State Zip

INSURER A: A Insurance Company
 INSURER B: B Insurance Company
 INSURER C:
 INSURER D:
 INSURER E:

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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		MM/DD/YY	MM/DD/YY	GENERAL AGGREGATE	\$1,000,000
					PRODUCTS-COMP/OP AGG	\$1,000,000
					PERSONAL & ADV INJURY	\$1,000,000
					EACH OCCURRENCE	\$1,000,000
					FIRE DMG (ANY 1 FIRE)	\$50,000
					MED EXP (ANY 1 PERSON)	\$5,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT	\$1,000,000
					BODILY INJURY (PER PERSON)	
					BODILY INJURY (PER ACC)	
					PROPERTY DAMAGE	
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		MM/DD/YY	MM/DD/YY	BODILY INJURY & PROPERTY DAMAGE COMBINED	
					EACH OCCURRENCE AGGREGATE	\$1,000,000 \$1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/ EXECUTIVE <input checked="" type="checkbox"/> INCL OFFICERS ARE: <input type="checkbox"/> EXCL		MM/DD/YY	MM/DD/YY	<input checked="" type="checkbox"/> STATUTORY LIMITS	
					EACH ACCIDENT	\$100,000
					DISEASE - POLICY LIMIT	\$500,000
					DISEASE - EA EMPLOYEE	\$100,000
	OTHER					

DESCRIPTION OF OPERATIONS:

Re: Job Name and Job Address; Platinum Construction Group, LLC.; Owner; shall be named as additional insureds on a primary and non-contributing basis. Waiver of Subrogation in favor of the Indemnitees is included for all insurance.

CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

PLATINUM CONSTRUCTION GROUP, LLC
 13358 LEASURE ROAD
 MOUND CITY, KS 66056

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE