

**MISSISSIPPI DEPARTMENT OF TRANSPORTATION
CERTIFICATE OF INSURANCE
BUILDING CONSTRUCTION CONTRACT COVERAGE**



INSURED	<p>This is to certify that the following described Insurance Policies are in force at this date with limits not less than shown below.</p> <p>The below policies provide protection as is specified in AIA section 11.1.5, however they are limited to policy terms, limits, exclusions and declarations.</p>
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CONTRACT NUMBER(S)

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERAGE AND MINIMUM AMOUNT	
GENERAL LIABILITY Commercial General Liability (Including XCU)				General Aggregate	\$ 1,000,000 Aggregate
				Products & Completed Operations	\$ 1,000,000 Aggregate
				Personal & Advertising Injury	\$ 500,000 Per Occurrence
				Bodily Injury & Property Damage	\$ 500,000 Per Occurrence
				Fire Damage Liability	\$ 50,000 Per Fire
				Medical Expense	\$ 5,000 Per Person
OWNERS & CONTRACTORS PROTECTIVE LIABILITY				Bodily Injury & Property Damage	\$ 1,000,000 Aggregate
				Bodily Injury & Property Damage	\$ 500,000 Per Occurrence
AUTOMOBILE LIABILITY (Owned, Non-owned & Hired Vehicle) Contractor Insurance Option Number 1:				Bodily Injury & Property Damage (Combined Single Limit)	\$ 500,000 Per Occurrence
				Contractor Insurance Option Number 2:	Bodily Injury
				Bodily Injury	\$ 500,000 Per Accident
				Property Damage	\$ 100,000 Per Occurrence
EXCESS LIABILITY (Umbrella on projects over \$ 500,000)				Bodily Injury & Property Damage (Combined Single Limit)	\$ 1,000,000 Aggregate
WORKERS COMPENSATION (As Required by Statute) EMPLOYERS' LIABILITY				Accident	\$ 100,000 Per Occurrence
				Disease	\$ 500,000 Policy Limit
				Disease	\$ 100,000 Per Employee
PROPERTY INSURANCE				Builders Risk Or Installation Floater	Equal to Value of Work Equal to Value of Work
OTHER					

AGENT (PRINTED NAME & SIGNATURE)	AGENT ADDRESS				
<table style="width:100%; border: none;"> <tr> <td style="border: none; width:50%; border-bottom: 1px solid black;"></td> <td style="border: none; width:50%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border: none; font-size: small;">Authorized Agent Printed Name</td> <td style="border: none; font-size: small;">Authorized Agent Signature</td> </tr> </table>			Authorized Agent Printed Name	Authorized Agent Signature	
Authorized Agent Printed Name	Authorized Agent Signature				
MISSISSIPPI INSURANCE ID NUMBER					

In the event of cancellation of said policies or failure on the part of the company to renew at expiration date, the company agrees to give the Mississippi Department of Transportation, Jackson, Mississippi, not less than thirty days written notice sent by registered mail stating when cancellation or expiration date shall be effective, unless such cancellation is due to non-payment of premium in which case ten (10) days notice prior to cancellation will be sent.

NOTICE: THE CONTRACTOR MUST RENEW THIS CERTIFICATE UNTIL THE CONTRACT IS ACCEPTED BY THE MISSISSIPPI DEPARTMENT OF TRANSPORTATION.