

Section XV - Certificate of Insurance

DATE OF ISSUANCE

To the Metropolitan Sewerage District of Buncombe County, North Carolina. The subscribing insurance company certifies that insurance of the kinds and types and for limits of liability covering the work herein designated has been procured by and furnished on behalf of the insured contractor/vendor listed below:

NAME AND ADDRESS OF PRODUCER:	CERTIFICATE HOLDER: METROPOLITAN SEWERAGE DISTRICT OF BUNCOMBE COUNTY, NORTH CAROLINA 2028 RIVERSIDE DRIVE ASHEVILLE, NORTH CAROLINA 28804 TELEPHONE NO. (828) 254-9646
NAME AND ADDRESS OF INSURED:	COMPANIES AFFORDING COVERAGE
	COMPANY LETTER "A":
	COMPANY LETTER "B":
	COMPANY LETTER "C":
	COMPANY LETTER "D":
	COMPANY LETTER "E":

Description of Work & Location _____

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS (IN THOUSANDS)
	GENERAL LIABILITY _ Commercial General Liability _ Claims Usage _ Occurrence _ Owner & Contractor Protective _ _____ _ _____				General Aggregate \$ 2,000 Products-Comp/Ops Aggregate \$ 1,000 Personal & Advertising Injury \$ 1,000 Each Occurrence \$ 1,000 Fire Damage (any one fire) \$ 50 Medical Expense (any one person) \$ 5
	AUTOMOBILE LIABILITY _ Any Auto _ All owned Autos _ Scheduled Autos _ Hired Autos _ Non-Owned Autos _ Garage Liability _ _____				Combine Single Limit \$ 1,000 Bodily Injury (per person) \$ Bodily Injury (per accident) \$ Property Damage \$
	EXCESS LIABILITY _ Umbrella Form _ Other Than Umbrella Form				Each Occurrence \$ 1,000 Aggregate \$ 1,000
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY (North Carolina) (Each Accident) \$ 100 (Disease-Policy Limit) \$ 500 (Disease-Each Employee) \$ 100
	OTHER				

UNDER GENERAL LIABILITY POLICY OR POLICIES: Y N

1. Does property damage liability insurance shown include coverage for XC and U hazards? _____
2. Is occurrence basis coverage provided under property damage liability? _____
3. Does Personal Injury Liability Insurance include coverage for personal injury sustained by any person as a result of an offense directly or indirectly related to the employment of such person by the insured? _____
4. Is coverage provided for Contractual Liability (including indemnification provision) assumed by insured? _____
5. The Metropolitan Sewerage District of Buncombe County, North Carolina is named as additionally insured? _____
6. Is Broad Form Property Damage Coverage provided for this project? _____

CANCELLATION / EXPIRATION: The subscribing company hereby agrees that thirty (30) days written notice shall be given to the Metropolitan Sewerage District of Buncombe County, North Carolina before any policy referred to herein is changed or canceled. In addition, immediate notice shall be given by the subscribing company to the Metropolitan Sewerage District of Buncombe County, North Carolina if any policy is not renewed by the insured.

Name of Insurance Company Authorized to do Business in North Carolina _____ Address _____

Signature of Authorized Representative _____ Date of Signature _____