



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/18/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|            |                               |                      |                |
|------------|-------------------------------|----------------------|----------------|
| PRODUCER   | CONTACT NAME:                 | AGENTS NAME          |                |
|            | PHONE (A/C, No, Ext):         | AGENTS PHONE         | FAX (A/C, No): |
| AGENT INFO | E-MAIL ADDRESS:               | AGENTS EMAIL ADDRESS |                |
|            | INSURER(S) AFFORDING COVERAGE |                      | NAIC #         |
| INSURED    | INSURER A:                    | PROVIDER NAME        |                |
|            | INSURER B:                    | PROVIDER NAME        |                |
|            | INSURER C:                    | PROVIDER NAME        |                |
|            | INSURER D:                    |                      |                |
|            | INSURER E:                    |                      |                |
|            | INSURER F:                    |                      |                |

BUSINESS NAME, (INCLUDE LLC OR INC)  
ADDRESS  
CITY, STATE, ZIP

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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.

| INSR LTR   | TYPE OF INSURANCE   | ADDL INSR   | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |   |
|--|---|---|----------|---------------|-------------------------|-------------------------|--|---|
| A  | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                | Y   | Y        | POLICY NUMBER | 12/01/2023              | 12/01/2024              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |   |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC  |   |          |               |                         |                         |  |   |
|  | A   | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS | Y        | Y             | POLICY NUMBER           | 12/06/2023              | 12/06/2024   | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>Uninsured motorist combined \$ 1,000,000 |
|  |   | <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |          |               |                         |                         |  |   |
| <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB                               |   |   |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |   |
| <input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$ |   |   |          |               |                         |                         |  |   |
| B  | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N   | N/A      | POLICY NUMBER | 09/18/2023              | 09/18/2024              | WC STATUTORY LIMITS OTH-ER<br>E.L. EACH ACCIDENT \$ Meet state req<br>E.L. DISEASE - EA EMPLOYEE \$ Meet state req<br>E.L. DISEASE - POLICY LIMIT \$ Meet state req  |   |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

The general liability Policy shall name Freeman Corporation dba Adroit General Contracting and owner as an additional insureds for ongoing and completed operations insurance per forms CG2010(07/04) and CG2037 (0704) or their equivalent. Insurance will be on a primary and non-contributory basis including waiver of subrogation and will be on a per project basis. Each contract of insurance shall contain a clause that it may not be canceled, non-renewed or any material changes be made without a 30-day prior notification. \*\*Auto is a commercial policy and needs to have coverage for the following: Any auto or all owned, non-owned and hired vehicles, or all or scheduled, non-owned and hired vehicles This is required by written contract\*\*\*

**CERTIFICATE HOLDER****CANCELLATION**

|  |   |
|--|---|
| info@AdroitGC.com<br>Freeman Corporation d.b.a. Adroit General Contracting<br>2956 S Rochester Rd Ste 285<br>Rochester Hills, MI 48307 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE |
|--|---|