CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVELY O	R NEGATIVELY AMEND E DOES NOT CONSTITU	, EXTE	ND OR AL	FER THE CO	OVERAGE AFFORD	ED BY	THE POLICIES	
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subje this certificate does not confer rights t	ct to the	terms and conditions of	the po	licy, certain	policies may				
PRODUCER				CONTACT Insurance Agent Contact Name					
Insurance Agent's Name Insurance Agent's Address				PHONE (A/C, No, Ext): Phone # FAX E-Mail ADDRESS:					
					SURER(S) AFFOR	RDING COVERAGE		NAIC #	
			INSURE	R A : Insurar	nce Carrier'	s Name			
INSURED Company Name & Address				_{R B :} Insurar	nce Carrier'	s Name			
				INSURER C :					
				INSURER D :					
				INSURER E :					
			INSURE	RF:					
		E NUMBER:				REVISION NUMBER			
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH INSR LTR TYPE OF INSURANCE	REQUIREM PERTAIN, POLICIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RE ED HEREIN IS SUBJE	SPEC CT TO	T TO WHICH THIS	
A COMMERCIAL GENERAL LIABILITY	INSD WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence	\$	100.000	
								5,000	
						MED EXP (Any one person PERSONAL & ADV INJUR		1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:	X					GENERAL AGGREGATE	r 5 \$	2 000 000	
POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP A		2,000,000	
						FRODUCTS - COMP/OF A	<u>s</u>		
						COMBINED SINGLE LIMIT		1,000,000	
						(Ea accident) BODILY INJURY (Per perso			
X OWNED SCHEDULED AUTOS	X					BODILY INJURY (Per accid			
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
							\$		
C UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
DED RETENTION \$						Aggregate	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OT STATUTE ER	H-		
▼ ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A	If marked with a "Y", excluded employees need to be identifi				E.L. EACH ACCIDENT	\$	\$100,000	
(Mandatory in NH)						E.L. DISEASE - EA EMPLO	YEE \$	\$100,000	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LI	MIT \$	\$500,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	ule, may b	e attached if mo	re space is requi	red)			
Certificate holder is additional insured v Loss Payee with respect to equipment Inc as Additional Insured.							Languag	ge MUST match	
CERTIFICATE HOLDER	CANC	CANCELLATION							
Road Work Ahead Traffic Services, Inc 729 Commercial Ave Twin Falls, ID 83301				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
				AUTHORIZED REPRESENTATIVE Insurance Agent's Signature					

 $\ensuremath{\mathbb{C}}$ 1988-2015 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD