NOTE: This is a Sample Certificate that is required by Samet (and all of its subsidiaries). It is only a sample. The Minimum Coverages shown below are just that. You must verify against and meet any Subcontract and/or Project Specific requirements. All other below Check boxes are required unless otherwise noted.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): Current Date

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:	
Subcontractor's Insurance Agency Name and Address	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Insurance Company's Name(s)	
INSURER B : "	
INSURER C : "	
INSURER D : "	
INSURER E : "	
INSURER F : "	

INSURED
Subcontractor's Name
Address
City, State, Zip
NOTE: Must match the name on Subcontract/PO.

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.

Insert Insurer letter from list above. Each box must contain an Insurer letter.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY			Policy Numbers Required for each type of Insurance Coverage	Current Policy Date	Current Policy Date	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR			"Occur" box MUST be checked			DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
		X	X	"Project" box MUST be checked			MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			If required by Subcontract, EIFS Coverage MUST be included as part of CGL			GENERAL AGGREGATE	$ 2,000,000
	POLICY [X] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
X	OTHER: EIFS RESIDENTIAL			If required by Subcontract, Residential Coverage MUST be included as part of CGL				$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
X	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
X	HIRED AUTOS / NON-OWNED AUTOS	X	X	MUST include Hired Autos and Non-Owned Autos OR Any Auto			PROPERTY DAMAGE (Per accident)	$
								$
X	UMBRELLA LIAB [X] OCCUR			All Subcontractors must provide these minimum limits. *HAZARDOUS AND EXTRA HAZARDOUS WORK REQUIRES HIGHER LIMITS. SEE SUBCONTRACT FOR LIMITS REQUIRED FOR SUBCONTRACTOR'S SCOPE OF WORK FOR THE PROJECT.			EACH OCCURRENCE	$ 2,000,000 OR MORE*
	EXCESS LIAB [ ] CLAIMS-MADE	X	X				AGGREGATE	$ 2,000,000 OR MORE*
	DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			MUST enter a "Y" or "N" in this box based on your policy. Only Proprietor/Partner/Officer/Members are permitted exclusion and MUST be described under Description of Operations below.			[X] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH)	N / A	X				E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
	Professional Liability			If required by Subcontract, must provide these minimum limits. **SEE SUBCONTRACT FOR LIMITS REQUIRED FOR SUBCONTRACTOR'S SCOPE OF WORK FOR THE PROJECT.			Per Claim: $1,000,000 OR MORE** Aggregate: $2,000,000 OR MORE**	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder, Owner and all other parties as required by Contract are Additional Insureds on a Primary & Non-Contributory basis for Ongoing and Completed operations on the General Liability policy, with no exception to the "your work" exclusion for subcontracted work during Completed operations. Certificate Holder, Owner and all other parties as required by Contract are Additional Insureds on a Primary & Non-Contributory basis on all policies except for Professional Liability and Workers Compensation. A Waiver of Subrogation in favor of Certificate Holder, Owner and all other parties as required by Contract is provided on all policies scheduled above. A 30-day cancellation notice be provided by endorsement. **NOTE: SEE PAGE 2 FOR MORE INFORMATION**

CERTIFICATE HOLDER

Samet Corporation and all of its Affiliates
and Joint Venture partners
309 Gallimore Dairy Road, Suite 102
Greensboro, NC 27409

CANCELLATION

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

Agent Signature Required

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ACORD®

CERTIFICATE OF LIABILITY INSURANCE -Cont'd

DATE (MM/DD/YYYY): Current Date

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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:	
Subcontractor's Insurance Agency Name and Address	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Insurance Company's Name(s)	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Subcontractor's Name
Address
City, State, Zip
NOTE: Must match the name on Subcontract/PO.

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

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Each box must contain an Insurer letter.	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
Insert Insurer letter from list above.	Pollution Liability			If required by Subcontract, must provide these minimum limits. ***SEE SUBCONTRACT FOR LIMITS REQUIRED FOR SUBCONTRACTOR'S SCOPE OF WORK FOR THE PROJECT.	Current Policy Date	Current Policy Date	Per Claim: $1,000,000 OR MORE*** Aggregate: $2,000,000 OR MORE***	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

COPIES OF ALL ADDITIONAL INSURED, WAIVER OF SUBROGATION, PRIMARY & NON-CONTRIBUTORY, AND NOTICE OF CANCELLATION ENDORSEMENTS CONTAINING THE INSURED'S POLICY # MUST BE ATTACHED TO THE CERTIFICATE.

CERTIFICATE HOLDER

Samet Corporation and all of its Affiliates
and Joint Venture partners
309 Gallimore Dairy Road, Suite 102
Greensboro, NC 27409

CANCELLATION

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

Agent Signature Required

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