



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 YOUR INSURANCE AGENT/ADDRESS - SAMPLE INSURANCE EXHIBIT - | | CONTACT NAME: YOUR AGENT /CONTACT INFORMATION | |
| | | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | | E-MAIL ADDRESS: | |
| | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A : MUST BE A VIII OR BETTER RATED | |
| | | INSURER B : | |
| | | INSURER C : | |
| | | INSURER D : | |
| | | INSURER E : | |
| | | INSURER F : | |
| INSURED VENDOR/SUBCONTRACTOR NAME & ADDRESS | | | |

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 | GENERAL LIABILITY | | | XXXXXXXXXXXXXXXXXXXXX | MO/DA/YR | MO/DA/YR | EACH OCCURRENCE \$ 1,000,000. |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000. |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) \$ 5,000. |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | |
| | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE \$ 2,000,000. |
| | | | | | | | PRODUCTS - COM/PO/AGG \$ 2,000,000. |
| | | | | | | | \$ |
| A | AUTOMOBILE LIABILITY | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | XXXXXXXXXXXXXXXXXXXXX | MO/DA/YR | MO/DA/YR | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000. |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input checked="" type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | XXXXXXXXXXXXXXXXXXXXX | MO/DA/YR | MO/DA/YR | EACH OCCURRENCE \$ 2,000,000. |
| | <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> | <input type="checkbox"/> | | | | AGGREGATE \$ 2,000,000. |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | | \$ |
| | <input type="checkbox"/> DED | <input type="checkbox"/> RETENTION S | | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | XXXXXXXXXXXXXXXXXXXXX | MO/DA/YR | MO/DA/YR | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N Y | N/A | | | | E.L. EACH ACCIDENT \$ 1,000,000. |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000. |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000. |
| | | | | - SAMPLE - | | | |

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

Project Name:
Suntech Building Systems, Inc is named as Additional Insured on all policies except Workers Compensation. Additional Insured endorsement on GL and Umb include ongoing and completed operations. Insured is primary and non-contributory to any other insurance. Waiver of Subrogation applies to all policies in favor of Suntech Building Systems, Inc. General Liability does not included CG2294 or CG2294 or equivalents. Additional Insured endorsement required on CGL - CG2033 (10/01) or CG 2037 (10/01) or their equivalents.

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| CERTIFICATE HOLDER Suntech Building Systems, Inc. 11326 Perry Road Houston, Texas 77064 -4588 | 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 MUST BE SIGNED |