

## 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).

certificate notice in fied of such endorsement(s).					
PRODUCER	Sample Insurance Certificate (for Insurance-Form 2 clause)	CONTACT NAME:			
	Agent's Name	PHONE FAX (A/C, No, Ext): (A/C, No):			
	Agent's Address	E-MAIL ADDRESS:			
	City, State, Zip Code	PRODUCER GUSTOMER ID #:			
	Agent's Telephone Number	INSURER(S) AFFORDING COVERAGE	NAIC#		
INSURED		INSURERA: Company Name	# is required		
	Subcontractor Name	INSURER B: Company Name	# is required		
	Subcontractor's Address	INSURER C:			
	City, State, Zip Code	INSURER D:			
		INSURER E:			
		INSURER F:			

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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Х	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY		_	Policy Number	Effective Date	Expiration Date	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	CLAIMS-MADE X OCCUR	Y	Y				MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	2,000,000
				Samp	ا ا		GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			o a m p	1 0		PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY X PRO- JECT LOC							\$	
Х	AUTOMOBILE LIABILITY			Policy Number	Effective	Expiration	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	Y	Y		Date	Date	BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	SCHEDULED AUTOS HIRED AUTOS			*If MCS-90 endorsement is			PROPERTY DAMAGE (Per accident)	\$	
	X NON-OWNED AUTOS			required, combined single				\$	
	*MCS-90			limit of \$5,000,000 required.				\$	
Y	X UMBRELLA LIAB X OCCUR			Policy Number	Effective	Expiration	EACH OCCURRENCE	\$	4,000,000
1	EXCESS LIAB CLAIMS-MADE	Y	Y		Date	Date	AGGREGATE	\$	4,000,000
	DEDUCTIBLE	+	) <sup>+</sup>					\$	
	RETENTION \$		ļ					\$	
Y	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Policy Number	Effective	Expiration	WC STATU- OTH- Y TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	Y		Date	Date	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	'''	, -	Samp	le		E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under SPECIAL PROVISIONS below	<u> </u>					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
**	Pollution Liability; Asbestos and Lead Liability; Professional Liability; and Environmental Liability			Policy Number	Effective Date	Expiration Date	**If specified insurance is required 5,000,000 per occurrence 5,000,000 annual aggregate	d:	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	Attach	ACORD 101, Additional Remarks Schedule	, if more space is	s required)			
Re:	Project Name:	Subo	contra	act No					
UT-E and	attelle, LLC and DOE are an Additiona CG 20 37 07 04.	l Ins	sured	under the Commercial General Li	ability polic	cy per endors	ements made using ISO Fo	rms CG	20 10 07 04
Poli	cies are Primary and Non-Contributory	. Rig	hts c	of subrogation have been waived	against the (	Certificate H	older.		

Policies are Primary and Non-Contributory. Rights of subrogation have been waived against the Certificate Holder.						
CERTIFICATE HOLDER	CANCELLATION					
UT-Battelle, LLC and U.S. Department of Energy (DOE) PO Box 2008, MS-6330	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Oak Ridge, TN 37831	AUTHORIZED REPRESENTATIVE					