



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A

INSURED

COMPANY LETTER B

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED.

OPERATIONS

THIS CERTIFICATE OF INSURANCE COVERS ALL OPERATIONS OF THE INSURED UNLESS A SPECIFIC PROJECT IS IDENTIFIED BELOW:

➔ PROJECT # & NAME: _____

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMM. GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input type="checkbox"/> _____				GENERAL AGGREGATE	\$2,000,000
					PRODUCTS-COMP/OP AGG.	\$2,000,000
					PERSONAL & ADV. INJURY	\$
					EACH OCCURRENCE	\$2,000,000
					FIRE DAMAGE (Any one fire)	\$
					MED. EXPENSE (Any one perso	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT	\$2,000,000
					BODILY INJURY (Per Person)	\$
					BODILY INJURY (Per Accident)	\$
					PROPERTY DAMAGE	\$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> STATUTORY LIMITS	
					EACH ACCIDENT	\$1,000,000
					DISEASE - POLICY LIMIT	\$1,000,000
					DISEASE - EACH EMPLOYEE	\$1,000,000
	OTHER					

OTHER PROVISIONS

THE PROJECT OWNER, PROJECT ARCHITECTS/ENGINEERS, HOFFMAN CORPORATION, ITS SUBSIDIARIES, EMPLOYEES, AGENTS AND PRINCIPALS ARE ADDED AS ADDITIONAL INSUREDS. COVERAGE SHALL BE PRIMARY AND ANY INSURANCE MAINTAINED BY THE ADDITIONAL INSUREDS SHALL BE NON-CONTRIBUTORY. IF THE GENERAL LIABILITY COVERAGE CONTAINS A GENERAL AGGREGATE LIMITATION, THEN SUCH COVERAGE SHALL BE ENDORSED TO PROVIDE A PROJECT SPECIFIC AGGREGATE.

CERTIFICATE HOLDER

HOFFMAN CORPORATION
805 SW BROADWAY, SUITE 2100
PORTLAND, OREGON 97205

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED OR MATERIALLY CHANGED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL PROVIDE THIRTY (30) DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE: