

**Faris Construction Company
STANDARD INSURANCE CERTIFICATE**

Subcontractor's CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
11/21/2004

PRODUCER
 Driver + Alliant

 Phone: 619.238.1828 Fax: 619.669.2170

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, EXCEPT AS NOTED.

COMPANIES AFFORDING COVERAGE	
COMPANY LETTER A	Travelers Insurance
COMPANY LETTER B	Explorer
COMPANY LETTER C	None.
COMPANY LETTER D	State Fund
COMPANY LETTER	

INSURED
 San Diego Concrete

 PHONE NO. A/C _____

THIS IS TO CERTIFY THAT 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, EXCEPT AS NOTED.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
A	GENERAL LIABILITY	123456789	06/01/04	06/01/05	GENERAL AGGREGATE	\$ 2,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Policy includes Contractual liability coverage insuring the agreement and obligation of the insured to indemnify the Contractor and others to the extent set forth in the Subcontract Agreement between the insured and Hensel Phelps Construction Co. Per Project Aggregate Applies			PRODUCTS-COMP/OPS AGGREGATE	\$ 2,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE				PERSONAL & ADVERTISING INJURY	\$ 2,000
	OWNER'S & CONTRACTOR'S PROTECTIVE				EACH OCCURRENCE	\$ 2,000
	<input checked="" type="checkbox"/> PERSONAL INJURY EMPLOYEE EXCLUSION DELETED				FIRE DAMAGE (ANY ONE FIRE)	\$ 50
	<input checked="" type="checkbox"/> EXPLOSION, COLLAPSE AND UNDERGROUND HAZARD				MEDICAL EXPENSE (ANY ONE PERSON)	\$ 5
<input checked="" type="checkbox"/> THE CERTIFICATE HOLDER HAS BEEN ADDED AS AN ADDITIONAL INSURED ON THIS COVERAGE	Deductible/Self-Insured Retention in Dollars					
				DEDUCTIBLE	\$	
				SELF-INSURED RETENTION	\$	
B	AUTOMOBILE LIABILITY	987654321	05/02/04	05/02/05	CSL	\$2,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON)	\$
	ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	\$
	SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	HIRED AUTOS					
	NON-OWNED AUTOS					
<input checked="" type="checkbox"/> THE CERTIFICATE HOLDER HAS BEEN ADDED AS AN ADDITIONAL INSURED ON THIS COVERAGE						
C	EXCESS LIABILITY				EACH OCCURRENCE	AGGREGATE
	<input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM	-- If necessary to cover difference in limits when compared to minimum coverage required.			\$	\$
D	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY INCLUDING OFFICERS, PARTNERS AND SOLE PROPRIETORS (Policies Contain Waiver of Subrogation)	ABC12345	09/02/04	09/02/05	STATUTORY	
					\$1,000	(EACH ACCIDENT)
					\$1,000	(DISEASE - POLICY LIMIT)
					\$1,000	(DISEASE - EACH EMPLOYEE)

OTHER
 In addition to the certificate holder, the following parties have been named as additional insured on the above referenced policies, per Additional Insured Endorsement
 University of California, Irvine

 The insurance coverage provided by the Subcontractor shall be primary and any other insurance coverage carried by the additional insured shall be excess insurance.

Faris Construction Company
 2180 El Camino Real, Suite 400
 Oceanside, CA 92054
 Project: 04.15 - Roland Hall

Should any of the above described policies be cancelled before the expiration date thereof, or not renewed at expiration date, the issuing company will mail 30 days written notice to the named certificate holder. All terms of this certificate which are applicable to the described policies shall apply to the required renewals thereof.

 AUTHORIZED REPRESENTATIVE

INSTRUCTIONS

Faris Construction Company

To avoid having varying coverages from one subcontractor to another and to reduce the effort expended by our staff to assure coverages and to keep current Insurance Certificates on file, we have adopted our own standard Certificate of Insurance form. We require that you use our form for all insurance coverages submitted (with the exception of Workers' Compensation coverage provided by the State).

The Certificate should be made out to Faris Construction Company. A separate certificate is required for each project you have with FCC. If Workers' Compensation coverage is provided by the State, a copy of that coverage should be forwarded along with this certificate. **All Workers' Compensation policies must contain a waiver of subrogation in favor of Faris Construction Company and any additional insureds listed on the insurance certificate.**

Together with the preparation of the Insurance Certificate, you are required to obtain an endorsement for each insurance policy using Additional Insured Endorsement form naming Faris Construction Company and any other parties noted on the Certificate as *ADDITIONAL INSUREDS* for the work you will perform on this project, and the coverage must be primary. Submission of copies of these endorsements is required at the time the Certificate is submitted.

Liability limits should be as follows:

Commercial General Liability (Premises-Operations, Independent Contractors, Completed Operations/Products, Contractual) with (X), (C) and (U) coverage when applicable.	Bodily Injury and Property Damage Combined	\$2,000,000 each occurrence \$2,000,000 general aggregate \$2,000,000 products-comp/ops agg. \$2,000,000 personal injury
Automobile Liability	Bodily Injury and Property Damage Combined	\$2,000,000 combined single limit
Workers' Compensation	Statutory Employers' Liability	\$1,000,000 each accident \$1,000,000 disease - policy limit \$1,000,000 disease - each employee

One copy of the Insurance Certificate is for your files, one copy is for your insurance carrier, and two copies should be returned to this office for our records, with two copies of each endorsement which shows the additional insured(s) for the project.

Properly completed Certificates must be on file in our office before you will be allowed on the jobsite.

Any schedule delay costs due to the failure of the subcontractor to provide Certificates in a timely manner, so they may begin work on time, will be for the account of the subcontractor.

Faris Construction Company
STANDARD INSURANCE CERTIFICATE

Subcontractor's CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) _____

<p>PRODUCER</p> <p><input type="checkbox"/> _____</p> <p>_____</p> <p>_____</p> <p>Phone: _____ Fax: _____</p>	<p>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, EXCEPT AS NOTED.</p> <p align="center">COMPANIES AFFORDING COVERAGE</p> <p>COMPANY LETTER A _____</p> <p>COMPANY LETTER B _____</p> <p>COMPANY LETTER C _____</p> <p>COMPANY LETTER D _____</p> <p>COMPANY LETTER _____</p>
<p>INSURED</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PHONE NO. A/C _____</p>	

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS		
	<p align="center">GENERAL LIABILITY</p> <p><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE</p> <p><input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE</p> <p><input checked="" type="checkbox"/> PERSONAL INJURY EMPLOYEE EXCLUSION DELETED</p> <p><input checked="" type="checkbox"/> EXPLOSION, COLLAPSE AND UNDERGROUND HAZARD</p> <p><input checked="" type="checkbox"/> THE CERTIFICATE HOLDER HAS BEEN ADDED AS ADDITIONAL INSURED ON THIS COVERAGE</p>	<p>Policy includes Contractual liability coverage insuring the agreement and obligation of the insured to indemnify the Contractor and others to the extent set forth in the Subcontract Agreement between the insured and Hensel Phelps Construction Co.</p> <p>Per Project Aggregate Applies</p>			<p>GENERAL AGGREGATE \$ 2,000</p> <p>PRODUCTS-COMP/OPS AGGREGATE \$ 2,000</p> <p>PERSONAL & ADVERTISING INJURY \$ 2,000</p> <p>EACH OCCURRENCE \$ 2,000</p> <p>FIRE DAMAGE (ANY ONE FIRE) \$ 50</p> <p>MEDICAL EXPENSE (ANY ONE PERSON) \$ 5</p> <p align="center">Deductible/Self-Insured Retention in Dollars</p> <p>DEDUCTIBLE \$ _____</p> <p>SELF-INSURED RETENTION \$ _____</p>		
	<p align="center">AUTOMOBILE LIABILITY</p> <p><input checked="" type="checkbox"/> ANY AUTO</p> <p><input type="checkbox"/> ALL OWNED AUTOS</p> <p><input type="checkbox"/> SCHEDULED AUTOS</p> <p><input type="checkbox"/> HIRED AUTOS</p> <p><input type="checkbox"/> NON-OWNED AUTOS</p> <p><input type="checkbox"/> GARAGE LIABILITY</p> <p><input checked="" type="checkbox"/> THE CERTIFICATE HOLDER HAS BEEN ADDED AS AN ADDITIONAL INSURED ON THIS COVERAGE</p>				<p>CSL \$2,000</p> <p>BODILY INJURY (PER PERSON) \$ _____</p> <p>BODILY INJURY (PER ACCIDENT) \$ _____</p> <p>PROPERTY DAMAGE \$ _____</p>		
	<p align="center">EXCESS LIABILITY</p> <p><input type="checkbox"/> OTHER THAN UMBRELLA FORM</p> <p><input checked="" type="checkbox"/> THE CERTIFICATE HOLDER HAS BEEN ADDED AS AN ADDITIONAL INSURED ON THIS COVERAGE</p>	<p>– If necessary to cover difference in limits when compared to minimum coverage required.</p>			<p>EACH OCCURRENCE \$ _____</p> <p>AGGREGATE \$ _____</p>		
	<p align="center">WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY INCLUDING OFFICERS, PARTNERS AND SOLE PROPRIETORS (Policies Contain Waiver of Subrogation)</p>				<p align="center">STATUTORY</p> <p>\$1,000 (EACH ACCIDENT)</p> <p>\$1,000 (DISEASE - POLICY LIMIT)</p> <p>\$1,000 (DISEASE - EACH EMPLOYEE)</p>		
	<p align="center">OTHER</p> <p>In addition to the certificate holder, the following parties have been named as additional insured on the above referenced policies, per CG 20 10 11 85:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>The insurance coverage provided by the Subcontractor shall be primary and any other insurance coverage carried by the additional insured shall be excess insurance.</p>						

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AUTHORIZED REPRESENTATIVE

Policy Number:

[Redacted]

Commercial General Liability

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED -- OWNERS, LESSEES OR CONTRACTORS
(FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

Faris Construction Company

[Redacted]

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

"The insurance coverage provided shall be primary and any other insurance coverage carried by the additional insured shall be excess insurance."

Project:

[Redacted]

Project No.:

[Redacted]