



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY PHONE (A/C, No, Ext):	COMPANY		
FAX (A/C, No):	<div style="border: 1px solid black; padding: 5px; color: red;"> D.E.W. Construction Corp. must have a properly executed certificate of insurance BEFORE you bill for stored materials for D.E.W. projects. The certificate holder must meet required limits and coverage. Please copy your agent on this form so that a correct and accurate certificate is produced. </div>		
E-MAIL ADDRESS:			
CODE:	SUB CODE:	LOAN NUMBER	POLICY NUMBER
AGENCY CUSTOMER ID #:		EFFECTIVE DATE	EXPIRATION DATE
INSURED			<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
Subcontractor Name		THIS REPLACES PRIOR EVIDENCE DATED:	
Address			
City, State, Zip			

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Insert Stored Material 911 Address

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Property/Replacement Cost Basis	Equal to or greater than stored material value	\$1,000 or less

REMARKS (Including Special Conditions)

Project Name/Number: _____, INSERT Stored Material Description, Value, and Duration. D.E.W. Construction Corp and Owner are listed as loss payee in regards to the stored material listed above.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

NAME AND ADDRESS DEW Construction Corp 277 Blair Park Road, Suite 130 Williston, VT 05495	<input type="checkbox"/> MORTGAGEE	ADDITIONAL INSURED
	<input checked="" type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE	