



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 Buyer or Buyer's Subcontractor's Insurance Agent		CONTACT NAME:	
		PHONE (A/C, No, Ext):	
		FAX (A/C, No):	
		E-MAIL ADDRESS:	
		ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
INSURED Buyer or Buyer's Subcontractor's Name & Address Here		INSURER A: Insurance Company Name	
		INSURER B: will appear on these lines and	
		INSURER C: a letter will be next to the type of	
		INSURER D: insurance it applies to below	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		LIMITS	
INSR LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	START EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	AMOUNT
<input checked="" type="checkbox"/>	GENERAL LIABILITY						EACH OCCURRENCE \$ 2,000,000.00
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIED PER:						PERSONAL & ADV INJURY \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$
							PRODUCTS - COM/PROP AGG \$
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000.00
	ANY AUTO						BODILY INJURY (Per person) \$
<input checked="" type="checkbox"/>	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/>	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED. RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY						WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory In Nk) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 1,000,000.00
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 AEP Contract 21P-999
 Certificate Holder is included as an Additional Insured. Waiver of subrogation is included in favor of the Certificate Holder.

CERTIFICATE HOLDER American Electric Power Service Corporation as agent for itself and the affiliated companies of the American Electric Power System, a New York corporation 1 Riverside Plaza Columbus, OH 43215	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
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There should be an "X" in the SUBR WVD box and/or a statement in the Description of Operations box that "Waiver of Subrogation is included in favor of Certificate Holder."

There should also be an "X" in the ADDL INSR box and/or a statement in the Description of Operations box that "Certificate Holder is included as an Additional Insured"

There should be an "X" in the WC Statutory Limits or in the Other box.

The certificate holder should be the same as the corporate name on the contract, which is usually, "American Electric Power Service Corporation as agent for itself and the affiliated companies of the American Electric Power System, a New York corporation"
1 Riverside Plaza
Columbus, OH 43215