

Exhibit “H”

DC Construction Management LLC Insurance Requirements

<b>ACORD - CERTIFICATE OF LIABILITY INSURANCE</b>		DATE: (MM/DD/YYYY)
PRODUCER <b>SAMPLE DOCUMENT</b>	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO TIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED <b>SAMPLE DOCUMENT</b>	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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 OF 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, EXCLUSION S, AND CONDITIONS OF SUCH POLICIES. AGREEGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER	ADD. INFO	Type of Insurance	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPDATE (MM/DD/YYYY)	LIMITS					
		GENERAL LIABILITY				Ea. Occurance	\$ 1,000,000.00				
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				Damage to rented premises					
		<input type="checkbox"/> CLAIMS MADE				Med. Exp. (any one person)					
		<input checked="" type="checkbox"/> OCCUR				Personal & Adv. Injury	\$ 1,000,000.00				
		GENL. AGGREGATE LIMIT APPLIES PER:				General Aggregate	\$ 2,000,000.00				
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT				Products - Comp/Op/Agg	\$ 2,000,000.00				
		<input type="checkbox"/> LOCATION									
		AUTOMOBILE LIABILITY								COMBINED SNGL. LMT EA. ACCIDENT	\$ 1,000,000.00
		<input checked="" type="checkbox"/> ANY AUTO								BODILY INJURY (PER PERSON)	
		<input type="checkbox"/> ALL OWNED AUTOS								BODILY INJURY (PER ACCIDENT)	
<input type="checkbox"/> SCHEDULED AUTOS	PROPERTY DAMAGE (PER ACCIDENT)										
<input checked="" type="checkbox"/> HIRED AUTOS	Fire	\$ 50,000.00									
<input checked="" type="checkbox"/> NON OWNED AUTOS	Medical Expense	\$ 50,000.00									
GARAGE LIABILITY					AUTO ONLY-EA. ACCIDENT						
					OTHER THAN AUTO ONLY						
EXCESS / UMBRELLA LIABILITY										EACH OCCURRENCE	\$ 5,000,000.00
						AGGREGATE	\$ 5,000,000.00				
WORKERS COMPENSATION AND EMPLOYERS LIABILITY						E.L. EA. ACCIDENT	\$1,000,000.00				
						E.L. DISEASE-EA EMPLOYEE	\$1,000,000.00				
						E.L. DISEASE-POLICY LIMIT	\$1,000,000.00 \$1,000,000.00				
						E.L. DISEASE-POLICY LIMIT					
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED??? IF YES, DESCRIBE IN OTHER BELOW.											
OTHER:											

PROJECT:

CERTIFICATE HOLDER

DC Construction Management LLC

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 CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE: \_\_\_\_\_