

## SAMPLE 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 even endorsement(e)									
certificate holder in lieu of such endorsement(s). PRODUCER					CONTACT				
					NAME: PHONE FAX				
					(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:				
					INSURER(S) AFFORDING COVERAGE				
					INSURER A :				
INSURED					INSURER B :				
					INSURER C :				
					INSURER D :				
					INSURER E :				
					INSURER F :				
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:				
THIS IS TO CERTIFY THAT 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 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
							EACH OCCURRENCE \$		
COMMERCIAL GENERAL LIABILITY							PREMISES (Ea occurrence) \$		
							MED EXP (Any one person) \$		
							PERSONAL & ADV INJURY \$		
							GENERAL AGGREGATE \$		
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$		
POLICY         JECT         LOC           AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		
							(Ea accident) \$ BODILY INJURY (Per person) \$		
ANY AUTO							BODILY INJURY (Per accident) \$		
AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE s		
HIRED AUTOS AUTOS							(Per accident) \$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
DED RETENTION \$	1						\$		
WORKERS COMPENSATION							WC STATU- TORY LIMITS ER		
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT \$		
OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYEE \$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									
CERTIFICATE HOLDER									
				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.					

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