

## **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	CONTACT				
	NAME:         FAX           PHONE         FAX           (A/C, No, Ext):         (A/C, No):				
		E-MAIL ADDRESS:			
			SURER(S) AFFOR	DING COVERAGE	NAIC #
		INSURER A :			
INSURED		INSURER B :			
		INSURER C :			
		INSURER D :			
	INSURER E :				
	INSURER F :				
COVERAGES CERTIFICA					
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 TYPE OF INSURANCE ADDL SUI	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
				MED EXP (Any one person) \$	
				PERSONAL & ADV INJURY \$	
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$	
POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG \$	
OTHER:				\$	
				COMBINED SINGLE LIMIT (Ea accident) \$	
ANY AUTO ALL OWNED SCHEDULED				BODILY INJURY (Per person) \$	
AUTOS AUTOS NON-OWNED				BODILY INJURY (Per accident) \$ PROPERTY DAMAGE	
HIRED AUTOS				(Per accident)	
				\$	
				EACH OCCURRENCE \$	
DED RETENTION \$				AGGREGATE \$	
WORKERS COMPENSATION				PER OTH- STATUTE ER	
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE				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 (ACORD 101, Additional Remarks Schedule, may be attached 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.				
	-	AUTHORIZED REPRESE		Jh I Le	
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