[Sample Only] Please note Insurance limits and risk transfer must be written on an executed contract or it will Not be activated in a claim. Please review your contract.

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

00/00/20XX

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).

certificate floraer in fied of sach endorsement(s).						
PRODUCER	CONTACT Agency Contact Name					
Agency Name	PHONE (A/C, No, Ext): 000-000-0000 FAX (A/C, No): 00					
Agency Address	E-MAIL ADDRESS: XXXX@XXXX.com					
Agency Phone Number	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Name of Insurance Company	00000				
INSURED	INSURER B : Name of Insurance Company	00000				
Named Insured [all listed on contract]	INSURER C : Name of Insurance Company	00000				
Named Insured Mailing Address	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.

	TYPE OF INSURANCE ADDLISUBR WVD POLICY NUMBER (MM/DD/YYYY) LIMITS							
INSR LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
Α	GENERAL LIABILITY	Х	X	12345	00/01/20XX	00/01/20XX	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$5,000
	X						PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY X PRO- JECT LOC							\$
Α	AUTOMOBILE LIABILITY	Х	X	12345	01/01/20XX	01/01/20XX	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
Α	X UMBRELLA LIAB X OCCUR	X		12345	01/01/20XX	01/01/20XX	EACH OCCURRENCE	\$1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$1,000,000
	DED X RETENTION \$0							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	54321	01/01/20XX	01/01/20XX	WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$500,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
В	Pollution			4567	01/01/20XX	01/01/20XX	\$1,000,000	
В	Professional			6543	01/01/20XX	01/01/20XX	\$1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
[List all entities required per the contract. Attach all endorsements including the per project aggregate.]

The Certificate Holder(s),[enter all name(s)] are named as additional insured with regards to the General

Liability and Auto Liability on a <mark>primary non-contributory basis,</mark> including <mark>Ongoing and Completed</mark>

Operations on the General Liability, per form number(s) _____[attach]. A waiver of subrogation in favor of

the Certificate Holder(s) in regards to the General Liability, Auto Liability and Employers Liability per

(See Attached Descriptions)

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 REPRESENTATIVE
	Agent signature
	© 4000 0040 ACODD CODDODATION AND LEG

DESCRIPTIONS (Continued from Page 1)						
form number(s)[attach]. The Umbrella follows form of the underlying General Liability, Auto Liability and Employers Liability. 30 day Notice of Cancellation and 10 day notice for non-payment apply, in favor of the Certificate Holder(s) per the endorsement(s) attached on all applicable policies.						