

## **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).

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PRO	DUCER				CONTACT NAME:						
					PHONE FAX (A/C, No, Ext): (A/C, No):						
					E-MAIL ADDRESS:						
					INSURER(S) AFFORDING COVERAGE				NAIC #		
					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	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	GENERAL LIABILITY							EACH OCCURRENCE \$	5		
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	5		
	CLAIMS-MADE OCCUR							MED EXP (Any one person) \$	5		
								PERSONAL & ADV INJURY \$	5		
								GENERAL AGGREGATE \$	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$	\$		
	POLICY PRO- JECT LOC							\$	5		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$			
	ANY AUTO							BODILY INJURY (Per person) \$			
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident) \$			
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$			
								\$	5		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	\$		
	DED RETENTION \$ WORKERS COMPENSATION							WC STATU- OTH-	5		
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								WC STATU- TORY LIMITS ER			
								E.L. EACH ACCIDENT \$	\$		
(Mandatory in NH)  If yes, describe under								E.L. DISEASE - EA EMPLOYEE \$			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT   \$	5		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (A	Attach A	ACORD 101, Additional Remarks S	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.						
					AUTHORIZED REPRESENTATIVE						