

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 | NAME: | | | | |
| | PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL | | | | |
| | | ADDRESS: | | | |
| | | INS | SURER(S) AFFOR | DING COVERAGE | NAIC # |
| | | INSURER A : | | | |
| INSURED | | INSURER B : | | | |
| | | INSURER C : | | | |
| | | INSURER D : | | | |
| | | INSURER E : | | | |
| | | INSURER F : | | | |
| COVERAGES CERTIFI | | 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. | | | | | |
| LTR TYPE OF INSURANCE INSD | WVD POLICY NUMBER | (MM/DD/YYYY) | (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- LOC | | | | PRODUCTS - COMP/OP AGG \$ | |
| | | | | s | |
| AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT | |
| | | | | (Ea accident) BODILY INJURY (Per person) \$ | |
| ANY AUTO | | | | BODILY INJURY (Per accident) \$ | |
| AUTOS AUTOS NON-OWNED | | | | PROPERTY DAMAGE | |
| HIRED AUTOS AUTOS | | | | (Per accident) | |
| | | | | | |
| UMBRELLA LIAB OCCUR | | | | EACH OCCURRENCE \$ | |
| EXCESS LIAB CLAIMS-MADE | | | | AGGREGATE \$ | |
| DED RETENTION \$ | | | | PER OTH- | |
| AND EMPLOYERS' LIABILITY Y/N | | | | PER OTH- STATUTE ER | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | E.L. EACH ACCIDENT \$ | |
| (Mandatory in NH) | | | | E.L. DISEASE - EA EMPLOYEE \$ | |
| 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) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | 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 | | | | |
| © 1988-2014 ACORD CORPORATION. All rights reser | | | | | nts reserved |