

## Certificate of Liability Insurance (Standard Form)

Ą	<i>c⊙Rb*</i> cı	ERT	IFICATE OF LIA	BILI	TY INS	URANC	E	DATE (MM	(POYYY)		
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(les) 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).											
PRO	DUCER		***	CONTA NAME:	CT						
					PHONE (A/C, No, Ext): (A/C, No):						
				E-MAIL ADDRE							
					INS	URER(S) AFFOR	IDING COVERAGE		NAIC #		
				INSUR	ERA:						
INSL	RED			INSUR	ERB:						
l				INSUR	ERC:		1				
				INSUR	ERD:						
l				INSUR	ERE:						
				INSUR	ERF:						
			ATE NUMBER:				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN (\$505D TO THE INSURED (\$MED) 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			NHIDOMM	MADDWAY	LIMITE				
	COMMERCIAL GENERAL LIABILITY	ΙI			V /		DAMAGE TO RENTED	\$			
	CLAIMS-MADE OCCUR	ΙI		/			PREMISES (Es occurrence)	\$			
	H	ΙI		1				\$			
		ΙI		1				\$			
	GENL AGGREGATE LIMIT APPLIES PER:	ΙI						\$			
	POLICY JECT LOC	Ιl		1	$\checkmark$			\$			
$\vdash$	OTHER:	14	11	/				\$			
	ANY AUTO		1 1/					\$			
	ALL OWNED SCHEDULED	ΙI						\$			
	HIRED AUTOS AUTOS						PROPERTY DAMAGE	\$			
	Hallos						(Per accident)	\$			
	UMBRELLA LIAB OCCUR	<b>5</b>					EACH OCCURRENCE	\$			
	EXCESS LIAS CLAIMS MADE							\$			
	DED RETENTIONS	1	UX.					\$			
	WORKERS COMPENSATION						PER OTH-				
	ANY DECORRESCO DA DEL ED EVECUTOR	NIA					E.L. EACH ACCIDENT	\$			
	OFFICERMEMBER EXCLUDED? (Mandatory in NH)	"'^					E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD 101, Additional Remarks Schedu			re space la requi	red)				
CE	RTIFICATE HOLDER		CAN	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.								
	1			AUTHO	RIZED REPRESE	NTATIVE					

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ACORD 25 (2014/01)

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## **Certificate of Liability Insurance (Annotated Form)**

This notice confirms the provisions of the California Insurance Code, §384. Other states have similar provisions. It states that the policy, not the certificate governs coverage.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MWDD/YYYY)

IS ASSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS IS NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES RTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED OR PRODUCER, AND THE CERTIFICATE HOLDER.

certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to tions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the lieu of such endorsement(s).

lieu of such endorsement(s).						
PRODUCER	CONTACT NAME:					
This block identifies the	PHONE (AIC, No, Ext): (AIC, No):					
Agent or Broker.	E-MAIL ADDRESS:					
8	INSURER(	S) AFFORDING COVERAGE	NAIC #			
	INSURER A:					
NSURED	INSURER B:					
The insured is your entity's	INSURER C:	The insurer will be identified				
contractor or lessee.	INSURER D:	The insurer letter a <u>pp</u> ears a	gain near			
4	INSURER E :	the left margin at ' <mark>*3</mark> " to sh	ow which			
ACCUSED LOSA	INSURER F:	insurer provides which cove	rage.			
COVERAGES CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN 1991 IED TO THE	INGLIDED NAMED ABOVE FOR THE DO	ICA BEBIOD			
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, ERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHO HAVE	OF ANY CONTRACT OR C	OTHER DOCUMENT WITH RESPECT TO SCRIBED HEREIN IS SUBJECT TO ALL	WHICH THIS			
BRI IADOLEUBRI	is notice again state					
COMMERCIAL GENERAL LIABILITY	O	* * *				
CLAIMS-MADE OCCUR	ersedes the certifica	tie jorm.	<b></b>			
		MED EXP (Any one person) \$				
		PERSONAL & ADV INJURY \$				
GENL AGGREGATE LIMIT APPLIES PER: These sections show		GENERAL AGGREGATE \$				
the type of coverage		PRODUCTS - COMPIOP AGG \$				
other provided through the	7	\$				
agent or broker		COMBINED SINGLE LIMIT 8				
ANY AUTO identified in "1"	These two co					
Autos Autos above. If the insured	show inception	on and V DAMAGE .				
HIRED AUTOS Uses more than one	expiration da					
hyokay this	policies ident	tified Pay				
EXCESS LIAB CLAIMS HADE certificate will not	special attent	tion that				
DED RETENTIONS identify all existing.	coverage doe					
WORKERS COMPENSATION	expire before					
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N						
OFFICERMEMBER EXCLUDED? (Mandatory in NH)	your project	ASE - EA EMPLOYEE \$				
If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - POLICY LIMIT \$				
	This column	identificalimita nan accumum	oo and			
		identifies limits per occurren				
		r each type of coverage afford				
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks School		attention to low aggregate lim				
		-type contractors. Losses on o	other			
This section will usually be used to restrict coverage to a	<sub>t</sub>     jobs may red	luce your coverage.				
specific job or lease. Watch for restrictions that would						
omit the coverage required by your specifications.						
	_	Cancellation provisions				
ERTIFICATE HOLDER	CANCELLATION	- Cancellation provisions	11			
PHILIPPIE HEEPEN	VALUE LEATION					
Certificate holder is your entity.	THE EXPIRATION DA ACCORDANCE WITH TH	E POLICY PROVISIONS.				
	AUTHORIZED REPRESENTATIV	AE ALLE				
The authorized repa	resentative of the in	surer should be				
an employee, unles.	s the agent or broke	er is specifically	hin roserva			
CORD 25 (2014/01) The authorized to sign of	0	A HON, All Hig	IIIS IESEIVEO			