

## **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 have ADDITIONAL INSURED provisions or 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).												
	DUCER		cent		CONTA		)-					
RODUCER						NAME: PHONE FAX						
						(A/C, No, Ext): E-MAIL						
						ADDRESS:						
						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A :						
INSURED					INSURER B :							
					INSURE	RC:						
						INSURER D :						
						INSURER E :						
		INSURER F :										
	/ERAGES CEI											
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		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC DAMAGE TO RENTE PREMISES (Ea occu	ED			
								MED EXP (Any one )				
								PERSONAL & ADV I				
	GEN'L AGGREGATE LIMIT APPLIES PER:   POLICY PRO- JECT   LOC							GENERAL AGGREG				
	POLICY JECT LOC							PRODUCTS - COMF				
	OTHER:							COMBINED SINGLE	\$			
								(Ea accident)	4			
								BODILY INJURY (Pe	er person) \$	6		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		5		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E §	5		
									\$	6		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE \$	6		
	EXCESS LIAB CLAIMS-MAD							AGGREGATE	g	6		
	DED RETENTION \$								9	5		
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	,		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN				
	(Mandatory in NH)	N/A										
B	If ves. describe under			PUAL-129001				E.L. DISEASE - EA E				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	6		
<u> </u>												
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						
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