



# 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).

PRODUCER	CONTACT NAME:	FAX (A/C, No.):	
	PHONE (A/C, No. Ext):		
INSURED  CONTRACTED RENTER'S NAME	E-MAIL ADDRESS:	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERS	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						<input checked="" type="checkbox"/> EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						<input checked="" type="checkbox"/> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
							<input checked="" type="checkbox"/> MED EXP (Any one person) \$ 5,000	
							<input checked="" type="checkbox"/> PERSONAL & ADV INJURY \$ 1,000,000	
							<input checked="" type="checkbox"/> GENERAL AGGREGATE \$ 2,000,000	
							<input checked="" type="checkbox"/> PRODUCTS - COMP/OP AGG \$ 2,000,000	
							<input checked="" type="checkbox"/> OTHER: \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						<input checked="" type="checkbox"/> COMBINED SINGLE LIMIT (Ea accident) \$	
		<input type="checkbox"/> POLICY	<input checked="" type="checkbox"/> PRO- JECT	<input type="checkbox"/> LOC			<input checked="" type="checkbox"/> BODILY INJURY (Per person) \$	
							<input checked="" type="checkbox"/> BODILY INJURY (Per accident) \$	
							<input checked="" type="checkbox"/> PROPERTY DAMAGE (Per accident) \$	
							<input checked="" type="checkbox"/> OTHER: \$	
	AUTOMOBILE LIABILITY						<input checked="" type="checkbox"/> EACH OCCURRENCE \$	
	<input type="checkbox"/> ANY AUTO						<input checked="" type="checkbox"/> AGGREGATE \$	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS					<input checked="" type="checkbox"/> DED RETENTION \$	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						
	<input checked="" type="checkbox"/> UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR					
	<input checked="" type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE					
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> Y / N	<input type="checkbox"/> N / A	<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						<input type="checkbox"/> E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> E.L. DISEASE - EA EMPLOYEE	\$
							<input type="checkbox"/> E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached 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		

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