

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	semer	m(s).	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 CER	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 S	WVD POLICY NUMBER	POLICY (MM/DD/	EFF YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
GENERAL LIABILITY						EACH OCCURRENCE \$	
						PREMISES (Ea occurrence) \$	
CLAIMS-MADE OCCUR						MED EXP (Any one person) \$	
						PERSONAL & ADV INJURY \$	
						GENERAL AGGREGATE \$	
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	
						(Ea accident) \$ BODILY INJURY (Per person) \$	
ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per accident) \$	
AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE	
HIRED AUTOS AUTOS						(Per accident)	
EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$	
						AGGREGATE \$	
DED RETENTION \$ WORKERS COMPENSATION						WC STATU- OTH-	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT \$	
OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ttach ACORD 101, Additional Remarks	Schedule, if more s	pace 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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