## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/03/2025

# THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.

### **PRODUCER**

Insurance Agency, LLC 1234 Example Street, Suite 100

New York, NY 10001 Phone: (123) 456-7890 Fax: (123) 456-7891

Email: agent@example.com

### **INSURED**

ABC Construction Inc. 5678 Business Avenue Los Angeles, CA 90012

### **INSURERS AFFORDING COVERAGE**

INSURER A: XYZ Insurance Company (NAIC # 12345)
INSURER B: National Coverage Group (NAIC # 67890)
INSURER C: Global Underwriters (NAIC # 54321)

### **COVERAGES**

CERTIFICATE NUMBER: 987654321 REVISION NUMBER: 001

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED.

TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	<b>EXPIRATION DATE</b>	LIMITS	
Commercial General Liability	ABC-800098765-15-42	04/01/2025	04/01/2026	Each	Occurrence:
			1	\$1,000,000	
				Medical	Expenses:
				\$5,000	
				Personal &	& Adv Injury:
				\$1,000,000	)
				General	Aggregate:
				\$2,000,000	)
				Products-0	Comp/Op
				Agg: \$2,00	00,000
Automobile Liability	XYZ-AB501M24A-15-SEL	04/01/2025	04/01/2026	Combined Single Limit:	
				\$1,000,000	)
				Bodily I	njury (Per
				Person): \$	500,000

				Bodily Injury (Per Accident): \$1,000,000
Umbrella Liability	CUP-159T1367-15-42	04/01/2025	04/01/2026	Each Occurrence:
			•	\$5,000,000
				Aggregate: \$5,000,000
Workers' Compensation	AA-UB-8085M20-4-15	04/01/2025	04/01/2026	E.L. Each Accident:
		,	·	\$1,000,000
				E.L. Disease - Each
				Employee: \$1,000,000
				E.L. Disease - Policy
				Limit: \$1,000,000

### **DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES**

ABC Construction Inc. is covered for general contracting, including residential and commercial projects. Coverage extends to all owned and leased vehicles for business operations.

### **CERTIFICATE HOLDER**

New York State Office of General Services
Design & Construction Group
Bureau of Risk & Insurance Management
32nd Floor, Corning Tower, GNARESP
Albany, NY 12242

#### **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**

John Doe, Risk Manager (Authorized Signature)

ACORD 25 (2018/09)

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