



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 Vanguard Insurance Agency 123 Insurance Blvd, Suite 100, New York, NY 10001 New York, NY 10001		(555) 123-4567 (555) 1123-4568 coi@vanguard.com	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED		INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		

COVERAGE COMPANY

CERTIFICATE NUMBER:

REVISION NUMBER:

THE INSURED 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.

EXCLUSIONS AND CONDITIONS OF POLICY SERIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY ADDITIONAL COVERAGE.													
INSR LTR	TYPE OF INSURANCE			ADD'L SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY						Test Carrier	EACH OCCURRENCE \$					
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR											DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
												MED EXP (Any one person) \$	
												PERSONAL & ADV INJURY \$	
												GENERAL AGGREGATE \$	
												PRODUCTS - COMP/OP AGG \$	
												\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:												
	AUTOMOBILE LIABILITY						GL-TEST123	COMBINED SINGLE LIMIT (Ea accident) \$					
X	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY											BODILY INJURY (Per person) \$	
												BODILY INJURY (Per accident) \$	
												PROPERTY DAMAGE (Per accident) \$	
												01/01/2025 \$25000000 12/31/2025 \$	
	UMBRELLA LIAB							<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$2000000	
	EXCESS LIAB							<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$	
	DED	RETENTION \$										\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A			PER STATUTE	OTHR-				
												E.L. EACH ACCIDENT	\$
												E.L. DISEASE - EA EMPLOYEE	\$
												E.L. DISEASE - POLICY LIMIT	\$
	Test description with multiple lines												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder
Line 2
Line 3

CERTIFICATE HOLDER

CANCELLATION

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 Grant Corp

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

Grant Corp

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