



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: VANGUARD INSURANCE GROUP LLC 330-241-7570
2888 Nationwide Pkwy, Brunswick, OH 44212 (555) 123-4568
New York, NY 10001 coi@vanguard.com

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

COVERAGE: Download Test Company 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 | |
|--|--|-----------|----------|---------------|-------------------------------|-------------------------------------|---|----|
| | COMMERCIAL GENERAL LIABILITY | | | | Progressive Preferred Company | | EACH OCCURRENCE | \$ |
| | 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: | | | FINAL 123456 | | OTHER: | \$ | |
| | POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | | | | | | BODILY INJURY (Per person) | \$ | |
| | | | | | | BODILY INJURY (Per accident) | \$ | |
| | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | | EACH OCCURRENCE | \$ | |
| | ANY AUTO | | | | | AGGREGATE | \$ | |
| | OWNED AUTOS ONLY | | | | | | \$ | |
| | Hired AUTOS ONLY | | | | | | \$ | |
| | UMBRELLA LIAB | | | | | EACH OCCURRENCE | \$ | |
| | EXCESS LIAB | | | | | AGGREGATE | \$ | |
| | DED <input type="checkbox"/> RETENTION \$ | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | |
| ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | E.L. EACH ACCIDENT | \$ | | | | | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | E.L. DISEASE - EA EMPLOYEE | \$ | | | | | | |
| | 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

Grant Corp