

## 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: Jordan Sun	
A ON 45 1	PHONE (A/C, No, Ext): 917-300-3021 FAX (A/C, No): 917-3	300-3029
ACME Inc.	E-MAIL ADDRESS: jordansun@acme.com	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Jordan Sun	301011
INSURED	INSURER B:	
	INSURER C:	
ACME Inc.	INSURER D:	
	INSURER E:	
	INSURER F:	

## COVERAGES 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 SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY			01/01/1991	01/01/2001	EACH OCCURRENCE	<b>\$</b> 1000
	X CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	<b>\$</b> 2100
		390010101					MED EXP (Any one person)
			01/0			01/01/2001	PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$

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NSR LTR	TYPE OF INSURANCE			SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	CLAIMS-MADE	V			1101221	01/03/2011	01/04/2012	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	s 3000 s
								MED EXP (Any one person) PERSONAL & ADV INJURY	s s
GE	EN'L AGGREGATE LIM							GENERAL AGGREGATE	\$
	POLICY PROJECT	LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:								\$
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	S
									\$
	UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$
	DED RETEN	NTION\$							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under			N/A					PER STATUTE OTH- E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE	\$
DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$

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

7 Honda Accords located within Temple, Arizona