

Business'  
Insurance Broker

# Sample Certificate of Insurance

Name of  
Insured (it  
should match  
the name as  
written on  
application)

Claims Made  
or Modified  
Occurrence  
is not  
acceptable

This  
section  
should  
reference  
the project  
and date(s) of  
project

ACORD		CERTIFICATE OF LIABILITY INSURANCE		Date (mm/dd/yy) 08/01/00	
<b>PRODUCER</b> Agency Manager, Inc. 2500 Bond Street University Park, IL 60466		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
Phone No. 800-999-5368		<b>COMPANIES AFFORDING COVERAGE</b>			
INSURED Valet Business 123 Main Street San Francisco CA 45678		COMPANY A Blue Sky Insurance COMPANY B COMPANY C COMPANY D			
<b>COVERAGES</b> THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE 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.					
TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	UNITS
<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		123456789	01/01/12	01/01/13	GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any One Person) \$ 5,000
<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT \$ BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$
<input type="checkbox"/> GARAGE LIABILITY		SAMPLE	ONLY		AUTO ONLY -EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$
<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM					WC STATUTORY LIMITS OTHER EACH OCCURRENCE \$ EL DISEASE-POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
<input type="checkbox"/> WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY					
DESCRIPTION OF OPERATIONS /LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS RE: <Project Name>, <Project Date(s)> Certificate holder is an Additional Insured as listed on the attached Form					
<b>CERTIFICATE HOLDER</b> City of Sacramento 915 I Street Sacramento, CA 95814			<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED PLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE		
ACORD 25-S (1/95)			ACCORD CORPORATION 1998		

Current dates  
are required

Total CGL  
amount  
should be  
\$1mill

Signed by the Broker or  
Insurance Company only

POLICY NUMBER: *(GL Policy Number must be referenced here)*

COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

Name of Additional Insured Person(s) Or Organization(s)
<p><i>The City of Sacramento, its officials, agents, employees, and volunteers.</i></p>
Information required to complete this schedule, if not shown above, will be shown in the Declarations.

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. Section II - <b>Who Is An Insured</b> is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability out of ongoing operations performed for that insured.</p> <p>B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:</p> <p style="margin-left: 20px;">2. Exclusions</p> <p style="margin-left: 40px;">This insurance does not apply to "bodily injury" or "property damage" occurring after:</p> | <p>(1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations as been completed;</p> <p style="margin-left: 20px;">or</p> <p>(2) That portion of "your work", out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.</p> |
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