



# CERTIFICATE OF GARAGE 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 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: PHONE (A/C No. Ext): FAX (A/C, No): E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED	INSURER A :		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

## COVERAGES PROD / CUSTOMER ID:

CERTIFICATE #:

REVISION #:

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		
	GARAGE LIABILITY						AUTO ONLY (Ea accident)	\$	
	ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> ONLY NON-OWNED AUTOS USED IN GARAGE BUSINESS						OTHER THAN AUTO ONLY	EA ACCIDENT	\$
								AGGREGATE	\$
	GARAGE KEEPERS LIABILITY					COMP / OTC SPECIFIED PERILS	LOC	\$	
	LEGAL LIABILITY					COLLISION	LOC	\$	
	DIRECT BASIS						LOC	\$	
	GENERAL LIABILITY					EACH OCCURRENCE	LOC	\$	
	COMMERCIAL GENERAL LIABILITY					PRODUCTS - COMP/OP AGG	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	LOC	\$	
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE	\$		
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE	LOC	\$	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$		
	DED <input type="checkbox"/> RETENTION \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N	N / A			WC STATUTORY LIMITS	LOC	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under REMARKS below					E.L. EACH ACCIDENT			

REMARKS (Attach ACORD 101, Additional Remarks Schedule, 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

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