



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	ALL OWNED AUTOS NON-OWNED AUTOS USED IN GARAGE BUSINESS					AUTO ONLY (Ea accident)	\$	
	Hired Autos Only						EA ACCIDENT	\$	
									OTHER THAN AUTO ONLY
	GARAGE KEEPERS LIABILITY	LEGAL LIABILITY DIRECT BASIS PRIMARY EXCESS				COMP / OTC SPECIFIED PERILS	LOC	\$	
	LOC					\$			
							COLLISION	LOC	
	LOC					\$			
	GENERAL LIABILITY	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR				EACH OCCURRENCE	\$		
	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 PROJECT LOC UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$	Y/N	N/A		EACH OCCURRENCE	\$		
	AGGREGATE					\$			
						\$			
						\$			
						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under REMARKS below				WC STATUTORY LIMITS	OTHR		
	E.L. EACH ACCIDENT					\$			
	E.L. DISEASE - EA EMPLOYEE					\$			
	E.L. DISEASE - POLICY LIMIT					\$			

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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