



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/2019

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 PRODUCER TEXT Phone 123-456-7890 PO Box 12345 Los Angeles ID 12345	CONTACT NAME: NAME NAME PHONE (A/C, No, Ext): 123-456-7890 E-MAIL ADDRESS: EMAIL@VRMCO.COM FAX (A/C, No): 098-765-4321														
INSURED INSURED TEXT PO Box 12345 Los Angeles ID 12345	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: INSURER TEXT A</td><td>0001</td></tr><tr><td>INSURER B: INSURER TEXT B</td><td>0002</td></tr><tr><td>INSURER C: INSURER TEXT C</td><td>0003</td></tr><tr><td>INSURER D: INSURER TEXT D</td><td>0004</td></tr><tr><td>INSURER E: INSURER TEXT E</td><td>0005</td></tr><tr><td>INSURER F: INSURER TEXT F</td><td>0006</td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: INSURER TEXT A	0001	INSURER B: INSURER TEXT B	0002	INSURER C: INSURER TEXT C	0003	INSURER D: INSURER TEXT D	0004	INSURER E: INSURER TEXT E	0005	INSURER F: INSURER TEXT F	0006
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COVERAGES**CERTIFICATE NUMBER: 1234567****REVISION NUMBER: 1234567**

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		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	N	12345678	01/01/2019	01/01/2019	EACH OCCURRENCE	\$ 10,000,000,000	
	<input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 10,000,000,000	
	<input checked="" type="checkbox"/> CGL Text 1						MED EXP (Any one person)	\$ 10,000,000,000	
	<input checked="" type="checkbox"/> CGL Text 2						PERSONAL & ADV INJURY	\$ 10,000,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 10,000,000,000	
<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 10,000,000,000		
<input checked="" type="checkbox"/> OTHER: CGL Text 3								\$	
A	AUTOMOBILE LIABILITY	Y	N	12345678	01/01/2019	01/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 10,000,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						<input checked="" type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person)	\$ 10,000,000,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						<input checked="" type="checkbox"/> NON-OWNED AUTOS	BODILY INJURY (Per accident)	\$ 10,000,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$ 10,000,000,000
									\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	Y	N	12345678	01/01/2019	01/01/2019	EACH OCCURRENCE	\$ 10,000,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 10,000,000,000	
	<input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	12345678	01/01/2019	01/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER	10,000,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 10,000,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 10,000,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 10,000,000,000	

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

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CERTIFICATE HOLDER**CANCELLATION**

CERTIFICATE HOLDER TEXT PO Box 12345 Los Angeles ID 12345	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 Clifton Wallace

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