

## 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 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)

certificate holder in lieu of such endorsement(s).														
PRODUCER									CONTACT NAME:					
									PHONE FAX (A/C, No, Ext): (A/C, No):					
								E-MAIL						
									ADDRESS:					
								INSURER(S) AFFORDING COVERAGE				NAIC #		
INICIDED								INSURER A:						
INSURED								INSURER B:						
									INSURER C:					
									INSURER D:					
									INSURER E :					
OOVER A OF O									INSURER F:				<u>l</u>	
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	NSR TYPE OF INSURANCE				ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s		
	COMMERCIAL GENERAL LIABILITY									EACH OCCURRENCE	\$			
		CLAIMS-MADE OCCUR									DAMAGE TO RENTED	\$		
										, , , , , , , , , , , , , , , , , , , ,	\$			
										` ' ' '	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:										\$			
	POLICY PRO- JECT LOC										\$			
		OTHER:	01									\$		
	ΑU	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO										\$		
		ALL OWNED		SCHEDULED							BODILY INJURY (Per accident)	\$		
		AUTOS		AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
		HIRED AUTOS		AUTOS							(Fei accident)	\$		
		UMBRELLA LIAB	Т	OCCUR								\$		
		EXCESS LIAB	H	CLAIMS-MADE								\$		
			NTIC		1							\$		
DED   RETENTION \$   WORKERS COMPENSATION									PER OTH-	Ф	-			
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A						STATUTE ER				
											\$			
	(Mandatory in NH) If yes, describe under									E.L. DISEASE - EA EMPLOYEE				
	DÉSCRIPTION 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)														
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					