

ACORD			CEF	KIIFI	CAILOR	· LIAB	ILIIY IN	SURANCE		
A	THIS CERTIFICATE IS ISSUE AFFIRMATIVELY OR NEGATIV	VELY AMEND, E	XTEND C	OR ALTER	THE COVERAGE	E AFFORDED	BY THE POLICI	ES BELOW. THIS CE	ERTIFICATE OF INSURA	NCE DOES NOT
IMPO	RTANT: If the certificate holder	r is an ADDITION	IAL INSU	RED, the p	oolicy(ies) must be	e endorsed. If	SUBROGATION	IS WAIVED, subject		
PRODU		equire an endors	ement. A	statement	on this certificate	does not con	ifer rights to the contact	ertificate holder in lieu 	of such endorsement(s).	
							NAME: PHONE			
							(A/C. No Ext)			
							(A/C. No.)			
							E-MAIL ADDRESS			
INSURED							INSURER A	SURER(S) AFFORDING 	COVERAGE	NAIC#
	-5						INSURER B			
							INSURER C			
							INSURER D			
COVERAGES CERTIFICATE NUMBER:							INSURER E	DEVICION NUMB	ED.	
	CLICIES OF INSURANCE LI			D TO THE INSU	RED NAME	ABOVE FOR T	REVISION NUMB		HSTANDING ANY	
REQU	IREMENT, TERM OR CONDI	TION OF ANY	ONTRA	CT OR OT	HER DOCUMEN	T WITH RES	PECT TO WHICH	H THIS CERTIFICAT	E MAY BE ISSUED OR	MAY PERTAIN, THE
	RANCE AFFORDED BY THE IS SHOWN MAY HAVE BEEN				S SUBJECT TO A	ALL THE TEI	RMS, EXCLUSIO	NS AND CONDITIO	NS OF SUCH POLICIES	, AGGREGATE
INSR LTR	TYPE OF INSURAN		ADDL INSR	SUBR WVD	POLICY NUMBI		POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIM	IITS
A	GENERAL LIABILITY		INOIX	WVD			(MINI/DD/11)	(WIIVII DD/111)	EACH OCCURRENCE	
	COMMERCIAL GENERA	AL LIABILITY							FIRE DAMAGE (Any one t	fire)
	CLAIMS MADE	OCCUR							MED EXP (Any one perso	n)
									PERSONAL & ADV INJUF	RY
									GENERAL AGGREGATE	
	OFNEDAL ACODECATE LIMIT	T ADDIEG DED.								
	GENERAL AGGREGATE LIMIT	I APPIES PER:							PRODUCTS- COMP/OP AGG	
	POLICY PROJECT LOC									
A	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMI	Т
_	ANY AUTO SC	CHEDULED							(Ea accident) BODILY INJURY	
	AL	JTOS ON-OWNED							(Per person) BODILY INJURY	
	AUTO AL	JTOS							(Per accident)	
	HIRED AUTOS								PROPERTY DAMAGE (Per accident)	
	AUTO PHYSICAL									
	DAMAGE UMBRELLA LIAB OC	CCUR							EACH OCCURRENCE	
A		_AIMS MADE							AGGREGATE	
	DEDUCTIBLE	J IIIIO IVI IDE							7.CONEONIE	
	RETENTION	\$								
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTN OFFICER/MEMBER EXC								E.L EACH ACCIDENT	
	(Mandatory in NH) If yes, describe under								E.L DISEASE -EA EMPLOYEE	
	,,								E.L DISEASE-POLICY LIN	AIT
A	OTHER								L.E DIGLAGE-FOLICT LIN	WITT
DESCR	IPTION OF OPERATIONS/LOCAT	IONS/VEHICLES (A	Attach AC	ORD 101, A	dditional Remarks S	Schedule, if mo	ore space is require	ed)		ages expire at
									12:01 a.m.	Standard Time
CERTIFICATE HOLDER						CANCELLATION				
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIEVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
						AUTHORIZED REPRESENTATIVE				

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