

DATE	(MM/DD/Y	Y)
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CERTIFICATE OF LIABILITY INSURANCE 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** NAME PHONE (A/C. No Ext) (A/C, No.) E-MAIL **ADDRESS** INSURER(S) AFFORDING COVERAGE NAIC # INSURER A INSURED INSURER B INSURER C INSURER D INSURER E COVERAGES **CERTIFICATE NUMBER: REVISION NUMBER:** 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, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY NUMBER POLICY EFF POLICY EXP LIMITS TYPE OF INSURANCE ADDL INSR LTR INSR WVD (MM/DD/YY) (MM/DD/YY) GENERAL LIABILITY EACH OCCURRENCE A COMMERCIAL GENERAL LIABILITY FIRE DAMAGE (Any one fire) CLAIMS MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE GENERAL AGGREGATE LIMIT APPIES PER: PRODUCTS-COMP/OP AGG POLICY PROJECT LOC COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY A (Ea accident) ANY AUTO SCHEDULED BODILY INJURY AUTOS (Per person) NON-OWNED ALL OWNED **BODILY INJURY** (Per accident) **AUTO AUTOS** HIRED AUTOS PROPERTY DAMAGE (Per accident) AUTO PHYSICAL DAMAGE UMBRELLA LIAB OCCUR EACH OCCURRENCE A **EXCESS LIAB** CLAIMS MADE AGGREGATE DEDUCTIBLE RETENTION WORKERS COMPENSATION AND N/A WC STATUTORY OTHER A EMPLOYERS' LIABILITY LIMITS ANY PROPRIETOR/PARTNER/EXECUTIVE E.L EACH ACCIDENT OFFICER/MEMBER EXCLUDED? Y/N E.L DISEASE -EA (Mandatory in NH) **EMPLOYEE** DESCRIPTION OF OPERATIONS below E.L DISEASE-POLICY LIMIT OTHER A ALL coverages expire at DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 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** name

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ACORD 25-S (7/97)