



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

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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<br>n<br>n | CONTACT NAME:                 | n                   |                  |
|                    | PHONE (A/C. No Ext)           | n                   |                  |
|                    | FAX (A/C. No.)                | n                   |                  |
|                    | E-MAIL ADDRESS                | n                   |                  |
|                    | INSURER(S) AFFORDING COVERAGE |                     | NAIC #           |
| INSURED<br>n<br>n  | INSURER A                     | n                   | n                |
|                    | INSURER B                     |                     |                  |
|                    | INSURER C                     |                     |                  |
|                    | INSURER D                     |                     |                  |
|                    | INSURER E                     |                     |                  |
| COVERAGES          |                               | CERTIFICATE NUMBER: | REVISION NUMBER: |
|                    |                               | n                   | n                |

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.

| INSR LTR | TYPE OF INSURANCE                   |                              |   |         |   |                 | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YY) | POLICY EXP (MM/DD/YY) | LIMITS                              |     |
|----------|-------------------------------------|------------------------------|---|---------|---|-----------------|-----------|----------|---------------|-----------------------|-----------------------|-------------------------------------|-----|
| A        | GENERAL LIABILITY                   |                              |   |         |   |                 | Y         | Y        | n             | n                     | n                     | EACH OCCURRENCE                     | \$1 |
|          | c                                   | COMMERCIAL GENERAL LIABILITY |   |         |   |                 |           |          |               |                       |                       | FIRE DAMAGE (Any one fire)          | \$1 |
|          | c                                   | CLAIMS MADE                  |   |         | c | OCCUR           |           |          |               |                       |                       | MED EXP (Any one person)            | \$1 |
|          | b                                   |                              |   |         |   |                 |           |          |               |                       |                       | PERSONAL & ADV INJURY               | \$1 |
|          |                                     |                              |   |         |   |                 |           |          |               |                       |                       | GENERAL AGGREGATE                   | \$1 |
|          | GENERAL AGGREGATE LIMIT APPIES PER: |                              |   |         |   |                 |           |          |               |                       |                       | PRODUCTS-- COMP/OP AGG              | \$1 |
|          | c                                   | POLICY                       | c | PROJECT | c | LOC             |           |          |               |                       |                       |                                     |     |
|          | b                                   |                              |   |         |   |                 |           |          |               |                       |                       |                                     |     |
| A        | AUTOMOBILE LIABILITY                |                              |   |         |   |                 | Y         | Y        | n             | n                     | n                     | COMBINED SINGLE LIMIT (Ea accident) | \$1 |
|          | c                                   | ANY AUTO                     |   |         | c | SCHEDULED AUTOS |           |          |               |                       |                       | BODILY INJURY (Per person)          | \$1 |
|          | c                                   | ALL OWNED AUTO               |   |         | c | NON-OWNED AUTOS |           |          |               |                       |                       | BODILY INJURY (Per accident)        | \$1 |
|          | b                                   | HIRED AUTOS                  |   |         |   |                 |           |          |               |                       |                       | PROPERTY DAMAGE (Per accident)      | \$1 |
|          | c                                   | AUTO PHYSICAL DAMAGE         |   |         |   |                 |           |          |               |                       |                       |                                     | \$  |
|          | b                                   |                              |   |         |   |                 |           |          |               |                       |                       |                                     |     |
| A        | c                                   | UMBRELLA LIAB                |   |         | c | OCCUR           | Y         | Y        | n             | n                     | n                     | EACH OCCURRENCE                     | \$1 |
|          | c                                   | EXCESS LIAB                  |   |         | c | CLAIMS MADE     |           |          |               |                       |                       | AGGREGATE                           | \$1 |
|          | b                                   | DEDUCTIBLE                   |   |         |   |                 |           |          |               |                       |                       |                                     | \$  |
|          | c                                   | RETENTION                    |   |         |   | \$1             |           |          |               |                       |                       |                                     | \$  |
| b        |                                     |                              |   |         |   |                 |           |          |               |                       |                       |                                     |     |

|  |   |  |     |   |   |  |   |   |                          |        |       |  |  |
|--|---|--|-----|---|---|--|---|---|--------------------------|--------|-------|--|--|
| A  | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY |  | N/A | Y | n | n  | n | c<br>b  | WC STATUTORY LIMITS      | c<br>b | OTHER |  |  |
|  | c<br>b  | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N                    |     |   |   |  |   |   | E.L EACH ACCIDENT        |        | \$1   |  |  |
|  |   | (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below<br>n |     |   |   |  |   |   | E.L DISEASE -EA EMPLOYEE |        | \$1   |  |  |
|  |   |  |     |   |   |  |   |   | E.L DISEASE-POLICY LIMIT |        | \$1   |  |  |
| A  | OTHER<br>n                                    |  | Y   | Y | n | n  | n | 1   |                          |        |       |  |  |
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)<br>Remarks |   |  |     |   |   |  |   | ALL coverages expire at 12:01 a.m.<br>Standard Time |                          |        |       |  |  |
| CERTIFICATE HOLDER   |   |  |     |   |   | CANCELLATION   |   |   |                          |        |       |  |  |
| Cert Holder  |   |  |     |   |   | 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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