## ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

| THIS CERTIFICATE IS ISSUED AS A MA<br>CERTIFICATE DOES NOT AFFIRMATIV<br>BELOW. THIS CERTIFICATE OF INSUR<br>REPRESENTATIVE OR PRODUCER, AI          | ELY<br>ANC           | OR N<br>E DO                           | EGATIVELY AMEND, EXTEND<br>ES NOT CONSTITUTE A CONT                                   | OR ALTER T   | HE COVERA                              | GE AFFORDED BY THE POLIC                                  | IES      |
|--|----------------------|--|---|--|--|---|----------|
| IMPORTANT: If the certificate holder is<br>If SUBROGATION IS WAIVED, subject this certificate does not confer any right                              | to the               | e term                                 | ns and conditions of the policy   | , certain polic  | cies may req                           |   |          |
| PRODUCER   |                      |  | CONT/<br>NAME   |  |  |   |          |
|  |                      |  | PHON<br>(A/C, N   |  |  | FAX   |          |
|  |                      |  | (A/C, N<br>E-MAII<br>ADDRI  | -  |  | (A/C, No)   |          |
|  |                      |  |   |  | INSURER(S) AI                          | FFORDING COVERAGE   | NAIC #   |
| INSURED  |                      |  | INSUR   |  |  |   |          |
|  |                      |  | INSUR   |  |  |   |          |
|  |                      |  | INSUR   |  |  |   |          |
|  |                      |  |   |  |  |   |          |
|  |                      |  | INSUR   |  |  |   |          |
| 00//504.050  | TIFIC                |  | INSUR   | ER F   |  |   |          |
|  |                      | -                                      | NUMBER:   |  |  | REVISION NUMBER:  | (        |
| THIS IS TO CERTIFY THAT THE POLICIES<br>INDICATED. NOTWITHSTANDING ANY RE<br>CERTIFICATE MAY BE ISSUED OR MAY F<br>EXCLUSIONS AND CONDITIONS OF SUCH | QUIR<br>PERTA<br>POL | EMEN <sup>-</sup><br>AIN, T<br>.ICIES. | T, TERM OR CONDITION OF ANY<br>THE INSURANCE AFFORDED BY<br>LIMITS SHOWN MAY HAVE BEE | CONTRACT O<br>THE POLICIES<br>IN REDUCED   | R OTHER DO<br>DESCRIBED<br>BY PAID CLA | CUMENT WITH RESPECT TO WH<br>HEREIN IS SUBJECT TO ALL THE | ICH THIS |
| INSR<br>LTR TYPE OF INSURANCE  | ADDL<br>INSR         | SUBR                                   | POLICY NUMBER   | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY)             | LIMITS  |          |
| COMMERCIAL GENERAL LIABILITY   |                      |  |   |  |  | EACH OCCURRENCE \$  |          |
| CLAIMS-MADE OCCUR  |                      |  |   |  |  | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) \$           |          |
|  |                      |  |   |  |  | MED EXP (Any one person) \$                               |          |
|  |                      |  |   |  |  | PERSONAL & ADV NJURY \$                                   |          |
| GEN'L AGGREGATE L MIT APPL ES PER:   |                      |  |   |  |  |   |          |
| PRO-   |                      |  |   |  |  | GENERAL AGGREGATE \$                                      |          |
| POLICY JECT LOC  |                      |  |   |  |  | PRODUCTS - COMP/OP AGG \$                                 |          |
| OTHER:   |                      |  |   |  |  | \$ COMB NED S NGLE L MIT                                  |          |
| AUTOMOBILE LIABILITY   |                      |  |   |  |  | (Ea accident) \$  |          |
| ANY AUTO   |                      |  |   |  |  | BOD LY INJURY (Per person) \$                             |          |
| OWNED SCHEDULED<br>AUTOS ONLY AUTOS  |                      |  |   |  |  | BOD LY INJURY (Per accident) \$                           |          |
| HIRED NON-OWNED<br>AUTOS ONLY AUTOS ONLY   |                      |  |   |  |  | PROPERTY DAMAGE<br>(Per accident)                         |          |
|  |                      |  |   |  |  | \$  |          |
| UMBRELLA LIAB OCCUR  |                      |  |   |  |  | EACH OCCURRENCE \$  |          |
| EXCESS LIAB CLAIMS-MADE  |                      |  |   |  |  | AGGREGATE \$  |          |
|  | 1                    |  |   |  |  |   |          |
| DED         RETENTION \$           WORKERS COMPENSATION  |                      |  |   |  |  | PER OTH-  |          |
| AND EMPLOYERS' LIABILITY   |                      |  |   |  |  | STATUTE   |          |
| ANY PROPRIETOR/PARTNER/EXECUTIVE   | N / A                |  |   |  |  | E L. EACH ACCIDENT \$                                     |          |
| (Mandatory in NH)<br>If yes, describe under  |                      |  |   |  |  | E L. DISEASE - EA EMPLOYEE \$                             |          |
| DESCR PTION OF OPERATIONS below  |                      |  |   |  |  | E L. DISEASE - POLICY LIMIT \$                            |          |
|  |                      |  |   |  |  |   |          |
|  |                      |  |   |  |  |   |          |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC  | LES                  | ACORD                                  | ) 101. Additional Remarks Schedule may  | be attached if m   | ore space is requ                      | uired)  |          |
|  | (                    |  | , Additional Remarks Otheutic, Illdy  |  | opace is requ                          |   |          |
|  |                      |  |   |  |  |   |          |
|  |                      |  |   |  |  |   |          |
|  |                      |  |   |  |  |   |          |
|  |                      |  |   |  |  |   |          |
|  |                      |  |   |  |  |   |          |
|  |                      |  |   |  |  |   |          |
| CERTIFICATE HOLDER   |                      |  |   | CANCELLATION   |  |   |          |
|  |                      |  |   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |  |   |          |
|  |                      |  | AUTHO   | RIZED REPRESE  | INTATIVE                               |   |          |

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