

Sample Certificate of Insurance

CERTIFICATE OF LIABILITY INSURANCE

Date (mm/dd/yy)
08/01/00

Business' Insurance Broker

Name of Insured (it should match the name as written on application)

ACORD <small>PRODUCER</small>		Agency Manager, Inc. 2500 Bond Street University Park, IL 60466		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
Phone No. 800-999-5368		COMPANIES AFFORDING COVERAGE			
INSURED Valet Business		COMPANY A Blue Sky Insurance			
123 Main Street		COMPANY B			
San Francisco CA 45678		COMPANY C			
		COMPANY D			

COVERAGES
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE 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.

Current dates are required

Claims Made or Modified Occurrence is not acceptable

Total CGL amount should be \$1mill

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	UNITS	
<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL <small>CLAIMS MADE <input checked="" type="checkbox"/> OCCUR</small>	123456789	01/01/12	01/01/13	GENERAL AGGREGATE	\$ 1,000,000
				PRODUCTS-COMP/OP AGG	\$ 1,000,000
				PERSONAL & ADV INJURY	\$ 1,000,000
				EACH OCCURRENCE	\$ 1,000,000
				FIRE DAMAGE (Any one fire)	\$ 50,000
				MED EXP (Any One Person)	\$ 5,000
<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT	\$
				BODILY INJURY (Per Person)	\$
				BODILY INJURY (Per Accident)	\$
<input type="checkbox"/> GARAGE LIABILITY	SAMPLE	ONLY		AUTO ONLY -EA ACCIDENT	\$
				OTHER THAN AUTO ONLY	\$
				EACH ACCIDENT	\$
				AGGREGATE	\$
<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
				AGGREGATE	\$
<input type="checkbox"/> WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY C				WC STATUTORY LIMITS	
				OTHER	
				EACH OCCURRENCE	\$
				EL DISEASE-POLICY LIMIT	\$
EL DISEASE - EA EMPLOYEE \$					

This section should reference the event and date of event

DESCRIPTION OF OPERATIONS /LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 RE: <Event Name>, <Event Date> Certificate holder is an Additional Insured as listed on the attached Form

CERTIFICATE HOLDER	CANCELLATION
City of Patterson 1 Plaza P.O. Box 667 Patterson, CA 95363	SHOULD ANY OF THE ABOVE DESCRIBED PLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE
ACORD 25-S (1/95)	ACCORD CORPORATION 1998

Signed by the Broker or Insurance Company only

POLICY NUMBER: *(GL Policy Number must be referenced here)*

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) Or Organization(s)

The City of Patterson, its officials, agents, employees, and volunteers.

Information required to complete this schedule, if not shown above, will be shown in the Declarations.

- A. Section II - **Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability out of ongoing operations performed for that insured.
 - (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations as been completed;
 - or
 - (2) That portion of "your work", out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:
 - 2. Exclusions
 - This insurance does not apply to "bodily injury" or "property damage" occurring after: