

Business' Insurance Broker

# Sample Certificate of Insurance

<b>ACORD</b> <small>PRODUCER</small>	<b>CERTIFICATE OF LIABILITY INSURANCE</b>	<small>Date (mm/dd/yy)</small> 08/01/00
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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.
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Name of Insured (it should match the name as written on application)

<small>Phone No.</small>	800-999-5368
<small>INSURED</small>	Valet Business
	123 Main Street
	San Francisco CA 45678

COMPANIES AFFORDING COVERAGE	
<small>COMPANY A</small>	Blue Sky Insurance
<small>COMPANY B</small>	
<small>COMPANY C</small>	
<small>COMPANY D</small>	

**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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	UNITS	
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	123456789	01/01/12	01/01/13	GENERAL AGGREGATE	\$ 2,000,000
				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
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
				BODILY INJURY (Per Person)	\$
GARAGE LIABILITY	SAMPLE	ONLY		BODILY INJURY (Per Accident)	\$
				AUTO ONLY -EA ACCIDENT	\$
EXCESS LIABILITY				OTHER THAN AUTO ONLY	\$
				EACH ACCIDENT	\$
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				AGGREGATE	\$
				EACH OCCURRENCE	\$
UMBRELLA FORM OTHER THAN UMBRELLA FORM				AGGREGATE	\$
				EACH OCCURRENCE	\$
				AGGREGATE	\$
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/>				WC STATUTORY LIMITS	\$
				OTHER	\$
				EACH OCCURRENCE	\$
UMBRELLA FORM OTHER THAN UMBRELLA FORM				EL DISEASE-POLICY LIMIT	\$
				EL DISEASE - EA	\$
				EMPLOYEE	\$

Claims Made or Modified Occurrence is not acceptable

Total CGL amount should be \$2 mill

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
City of Patterson Special Event Services 1033 W. Las Palmas AVE 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
<small>ACORD 26-3 (1/86)</small>	ACCORD CORPORATION 1998

Signed by the Broker or Insurance Company only

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.
- 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:
- (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.