

FOR DEMO PURPOSES ONLY CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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)

certificate holder in lieu of such endorsement(s).											
PRODUCER					CONTACT NAME:						
					PHONE FAX (A/C, No, Ext): (A/C, No):						
					E-MAIL ADDRESS:						
					INSURER(S) AFFORDING COVERAGE			NAIC #			
					INSURER A:				NAIC#		
INSURED					INSURER B:						
					INSURER C:						
					INSURER D:						
						INSURER E :					
COVERAGES CERTIFICATE NUMBER:						INSURER F :					
								E POL	ICV PERIOD		
THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
GENERAL	LIABILITY								\$		
COM	IMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	CLAIMS-MADE OCCUR							,,	\$		
								PERSONAL & ADV INJURY	\$		
									\$		
GEN'L AG	GREGATE LIMIT APPLIES PER:								\$		
POL	CY PRO- JECT LOC								\$		
	BILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY	AUTO							,	\$		
ALL	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
AUT	NON-OWNED							PROPERTY DAMAGE	\$		
	ED AUTOS AUTOS							(Fei accident)	\$		
UMB	RELLA LIAB OCCUP								\$	-	
	- OCCOR										
	CLAIWG-WADL								\$		
WORKERS	RETENTION \$ S COMPENSATION							WC STATU- OTH-	D		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								TORY LIMITS ER			
OFFICER/N (Mandator	MEMBER EXCLUDED?	N/A							\$		
If yes, desc	cribe under							E.L. DISEASE - EA EMPLOYEE			
DESCRIPT	TION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
CERTIFICATE HOLDER						CANCELLATION					
					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					