

SAMPLE

Certificate of Liability Insurance

Date of Issue _____

<p>Producer NAME OF INSURANCE COMPANY ADDRESS PHONE NUMBER</p>	<p>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.</p>												
<p>Insured NAME OF INSURED (BUSINESS) ADDRESS</p>	<p style="text-align: center;">Companies Affording Coverage</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">Company A</td><td style="width: 90%;"></td></tr> <tr><td>Company B</td><td></td></tr> <tr><td>Company C</td><td></td></tr> <tr><td>Company D</td><td></td></tr> <tr><td>Company E</td><td></td></tr> <tr><td>Company F</td><td></td></tr> </table>	Company A		Company B		Company C		Company D		Company E		Company F	
Company A													
Company B													
Company C													
Company D													
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Coverages
 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.

Co Ltr	Type of Insurance	Policy Number	Policy Effective Date	Policy Expiration Date	Limits												
A	General Liability <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Owners & Contractor's Prot <input type="checkbox"/>	Policy Number	mm/dd/yyyy	mm/dd/yyyy	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>General Aggregate</td><td style="text-align: right;">\$1,000,000.00</td></tr> <tr><td>Products-Comp/Op Agg</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>Personal & Adv Injury</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>Each Occurrence</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>Fire Damage (any one fire)</td><td style="text-align: right;">\$50,000</td></tr> <tr><td>Med Exp (Any one person)</td><td style="text-align: right;">\$5,000</td></tr> </table>	General Aggregate	\$1,000,000.00	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
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B	Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Combined Single Limit</td><td></td></tr> <tr><td>Bodily Injury (Per Person)</td><td></td></tr> <tr><td>Bodily Injury (Per Accident)</td><td></td></tr> <tr><td>Property Damage</td><td></td></tr> </table>	Combined Single Limit		Bodily Injury (Per Person)		Bodily Injury (Per Accident)		Property Damage					
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Property Damage																	
C	Garage Liability <input type="checkbox"/> Any Auto <input type="checkbox"/>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Auto Only - Ea Accident</td><td></td></tr> <tr><td>Other Than Auto Only:</td><td></td></tr> <tr><td style="text-align: right;">Each</td><td></td></tr> <tr><td style="text-align: right;">Aggregate</td><td></td></tr> </table>	Auto Only - Ea Accident		Other Than Auto Only:		Each		Aggregate					
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D	Excess Liability <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Each Occurrence</td><td></td></tr> <tr><td>Aggregate</td><td></td></tr> </table>	Each Occurrence		Aggregate									
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E	Workers Compensation and Employers' Liability The Proprietor/Partners/Executive Officers are: <input type="checkbox"/> Incl <input type="checkbox"/> Excl.				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> WC Statutory Limits</td> <td><input type="checkbox"/> Other</td> </tr> <tr><td>EL Each Accident</td><td></td></tr> <tr><td>EL Disease - Policy Limit</td><td></td></tr> <tr><td>EL Disease-Ea Employee</td><td></td></tr> </table>	<input type="checkbox"/> WC Statutory Limits	<input type="checkbox"/> Other	EL Each Accident		EL Disease - Policy Limit		EL Disease-Ea Employee					
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Description of Operations/Locations/Vehicles/Special Items: _____

Certificate holder is an additional insured with respect to license/permit **for vending** in the City of Portsmouth NH

<p>Certificate Holder</p> <p style="text-align: center;">City of Portsmouth 1 Junkins Ave</p> <p style="text-align: center;">Portsmouth, NH 03804</p>	<p>Cancellation Should any of the above described policies be cancelled before the expiration thereof, the issuing company will endeavor to mail 10 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.</p> <p>Authorized Representative: _____</p>
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