

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

CE BE RE	IIS CERTIFICATE IS ISSUED AS A M ERTIFICATE DOES NOT AFFIRMATI LOW. THIS CERTIFICATE OF INS ERESENTATIVE OR PRODUCER, AN PORTANT: If the certificate holder is	VEL` URA ID TI	Y OR NCE HE CI	NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE TE A (ND OR ALT	ER THE CO BETWEEN T	VERAGE AFFORDED BY HE ISSUING INSURER(S	Y THE S), AU	POLICIES
lf :	SUBROGATION IS WAIVED, subject s certificate does not confer rights to	to th	ne ter	rms and conditions of th	e poli	cy, certain p	olicies may ı			
	UCER				CONTA		/-			
					NAME: FAX					
					(A/C, No, Ext): (A/C, No):					
					ADDRESS:					
					INSURER(S) AFFORDING COVERAGE NAIC #					
						RA:				
INSURED					INSURER B :					
					INSURER C :					
					INSURER D :					
					INSURER E :					
					INSURER E :					
201		TIEI	~ ^ TE		INSURI	- K F :				
	VERAGES CER IS IS TO CERTIFY THAT THE POLICIES		-	NUMBER:				REVISION NUMBER:		
INI CE EX	DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY F CLUSIONS AND CONDITIONS OF SUCH I	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	of an Ed by	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT	т то \	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
ŀ	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		
ŀ									\$	
ł										
ł									\$	
ļ	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:							5	\$	
	AUTOMOBILE LIABILITY	-						COMBINED SINGLE LIMIT (Ea accident)	\$	
Ì	ANY AUTO							BODILY INJURY (Per person)	\$	
ŀ	OWNED SCHEDULED							BODILY INJURY (Per accident)	-	
ŀ	AUTOS ONLY AUTOS HIRED NON-OWNED							DDODEDTV DAMAGE		
ŀ	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
								\$	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							9	\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	•	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								ŕ	
	OFFICER/MEMBER EXCLUDED?	N / A								
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	le, may b	e attached if mor	e space is require	sd)		
<u></u>					C A N P					
CER	RTIFICATE HOLDER				CANCELLATION					
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED I ACCORDANCE WITH THE POLICY PROVISIONS.					
22025 1B-079					AUTHORIZED REPRESENTATIVE					
respects to the listed coverage held by the named insured, as evidence of insural										
					1-1. (000					
2202151B-079										
	Polyayabeane of County Commission Defective of INSURANCE PURPOS E 2801603) FL 32801	SES T	oni he Ad	CORD name and logo ar	e regi	© 19 stered mark	88-2015 AC s of ACORD	ORD CORPORATION. A	ll righ	nts reserv

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