



# 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).**

<b>PRODUCER</b>  ABC Insurance Agency 123 Main Street Anytown USA	<b>CONTACT NAME:</b>			
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>		
	<b>E-MAIL ADDRESS:</b>			
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
	INSURER A : ABC Insurance Company			
	INSURER B :			
<b>INSURED</b>  XYZ Company 123 Main Street Anytown USA	INSURER C :			
	INSURER D :			
	INSURER E :			
	INSURER F :			

**COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:**

**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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b>			Policy number here	Eff Date	Exp Date	EACH OCCURRENCE	\$ coverage amount
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ coverage amount
<input type="checkbox"/>	CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ coverage amount
							PERSONAL & ADV INJURY	\$ coverage amount
							GENERAL AGGREGATE	\$ coverage amount
							PRODUCTS - COMP/OP AGG	\$
	<b>AUTOMOBILE LIABILITY</b>			Policy number here	Eff Date	Exp Date	COMBINED SINGLE LIMIT (Ea accident)	\$ coverage amount
<input checked="" type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person)	\$ coverage amount
<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$ coverage amount
<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/>	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$ coverage amount
								\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/>	OCCUR CLAIMS-MADE				AGGREGATE	\$
	DED		RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			Policy number here	Eff Date	Exp Date	WC STATUTORY LIMITS	OTHE-R
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory In NH)	<input type="checkbox"/>	Y/N				E.L. EACH ACCIDENT	\$ coverage amount
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A				E.L. DISEASE - EA EMPLOYEE	\$ coverage amount
							E.L. DISEASE - POLICY LIMIT	\$ coverage amount

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SAMPLE CONTRACTOR'S INSURANCE CERTIFICATE REQUIRED FOR ACR SUBMITTAL

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Osprey Cove HOA of Hobe Sound 8923 SE Bayberry Terrace Hobe Sound, FL 33455	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	AUTHORIZED REPRESENTATIVE

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