

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	<input type="checkbox"/>	CLAIMS-MADE	<input type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	<input type="checkbox"/>		<input type="checkbox"/>					MED EXP (Any one person)	\$		
	<input type="checkbox"/>		<input type="checkbox"/>					PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	<input type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO- JECT	<input type="checkbox"/>			PRODUCTS - COMP/OP AGG	\$		
	<input type="checkbox"/>	OTHER:							\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	<input type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person)	\$		
	<input type="checkbox"/>	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$		
	<input type="checkbox"/>	HIRED AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$		
	<input type="checkbox"/>		<input type="checkbox"/>						\$		
	UMBRELLA LIAB							EACH OCCURRENCE	\$		
	EXCESS LIAB							AGGREGATE	\$		
	<input type="checkbox"/>		<input type="checkbox"/>						\$		
	DED			RETENTION \$					\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							<input type="checkbox"/>	PER STATUTE	<input type="checkbox"/>	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/>					E.L. EACH ACCIDENT		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		\$	
								E.L. DISEASE - POLICY LIMIT		\$	