

CERTIFICATE OF INSURANCE

4/5/200x

COMPANY NAME HERE PHONE	THIS CERTIFICATE 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.
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INSURED	INSURANCE COMPANIES PROVIDING COVERAGE
	INSURANCE COMPANY A
	INSURANCE COMPANY B
	INSURANCE COMPANY C

COVERAGES: THIS IS TO CERTIFY THAT 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 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 TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. THE ISSUER OF THIS CERTIFICATE REPRESENTS AND WARRANTS THAT SAID POLICIES CONTAIN WITHOUT.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	ALL LIMITS IN THOUSANDS		
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GEN LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCC. <input type="checkbox"/> OWNERS & CONTRACTORS PROTECTIVE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/>				GENERAL AGGREGATE	PER PROJECT	
					PRODS-COMP/OPS AGG		
					PERS & ADVG INJURY		
					EACH OCCURRENCE		
					FIRE DAMAGE (ANY ONE FIRE)		
					MEDICAL EXPENSE (ANY ONE PERSON)		
	AUTO 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"/> GARAGE LIABILITY <input type="checkbox"/>				CSL		
					BODILY INJURY (PER PERSON)		
					BODILY INJURY (PER ACCIDENT)		
					PROPERTY		
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM					EACH OCC	AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				STATUTORY	EACH ACC	DISEASE POLICY LIMIT
						DISEASE EACH EMPLOYEE	

SPECIAL PROVISIONS:
 1) THIS INSURANCE SHALL BE PRIMARY INSURANCE IN RESPECTS TO (COMPANY NAME HERE), ITS OFFICERS, AGENTS AND EMPLOYEES.
 2) THE PROVISIONS UNDER PARAGRAPH 1 OF THIS SECTION, "SEPCIAL PROVISIONS," SHALL APPLY TO CLAIMS, COSTS, INJURIES, OR DAMAGES BUT ONLY IN PROPORTION TO AND TO THE EXTENT SUCH CLAIMS, COSTS, INJURIES, OR DAMAGES ARE CAUSED BY OR RESULT FROM THE NEGLIGENT ACTS OR OMISSIONS OF THE NAMED INSURED.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 COMPANY NAME HERE PROJECT NAME:
 COMPANY NAME PROJECT NO: _____ are (is) PRIMARY ADDITIONAL INSURED.

CERTIFICATE HOLDER Company Name Here Company Address Company City, State, and Zip ATTN: PROJECT DEVELOPMENT	CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 60 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. AUTHORIZED REPRESENTATIVE: The undersigned certifies that he/she is authorized to sign this certificate and that the special provisions described herein have been made a part of the policy(ies) shown above. _____
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Sample Preview