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)

THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH INSR TYPE OF INSURANCE A GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY	OF IN EQUIRE PERTA POLIC	EMENT, TERM OR CONDITION	INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : Must	SURER(S) AFFOR	RDING COVERAGE		NAIC#
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A GENERAL LIABILITY		IES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT DED BY THE POLICIE EBEEN REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	OOCUMENT WITH RESPECT TO	T TO V	WHICH THIS
A GENERAL LIABILITY	INSR \		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
COMMERCIAL GENERAL LIABILITY			,	,		\$	
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
CLAIMS-MADE OCCUR					MED EXP (Any one person)	\$	
					PERSONAL & ADV INJURY	\$	
					GENERAL AGGREGATE	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:			Must be Min. S	51,000,000	PRODUCTS - COMP/OP AGG	\$	
POLICY PRO- JECT LOC						\$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO					BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED AUTOS AUTOS					,	\$	
HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
						\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DED RETENTION \$						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ELES (At	tach ACORD 101, Additional Remarks	Schedule, if more space is	s required)	Data 2 Be "Ad		. Must al Insured"
CERTIFICATE HOLDER		Your Company	CANCELLATION				
OLKIII IOATE HOLDER		Is the Cert. Holder	SHOULD ANY OF	N DATE THI	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		