12635

_____ **INSURANCE PROGRAM**

CERTIFICATE OF INSURANCE

Master Policy #: _____

Period of Coverage: _____ to _____
(Both days at 12:01 A.M. Local Standard Time)

Location of Insured Premises: Per Schedule on File with Company.

This Certificate Of Insurance is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the terms and conditions of the policies referenced

Master Policy Holder:
1: _____
2: _____

Insurance Company:
A: _____
B:. _____
C: _____

Account #:
Insured Affiliate: [name and address]

Agent:

The chart below shows the coverages available through the _____ Insurance Program. The coverages selected or not selected by the insured affiliate are indicated below. For any changes to these selections, please contact your Account Manager at [name of producer]. No coverage is provided to any affiliate member unless (and only to the extent) that the applicable premium has been paid.

Your Coverage Selection	Coverage Available	Master Policy Holder & Insurance Company

The policies of insurance listed herein are incorporated by reference as if fully set out within this document. Policy on file with _____ Purchasing Group, Inc. A copy is available upon request [or for viewing on our website at: _____.] See _____ Insurance Program Manual for additional insurance information.

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Insured Affiliate: **Account #:**

Countersigned: By:

———————————————   ——————————————————————
(Date)   Authorized Representative

[Type of Coverage] [Policy Number]		Your coverage selection: _____
Description	**Limits**	**Terms & Conditions**

[Type of Coverage]   [Policy Number]   Your coverage selection: _____

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Description	Limits	Terms & Conditions

** [fill in with any notes that may be applicable to this coverage]