

122759

AFFILIATED FM INSURANCE COMPANY



Operations Address
Operations Phone #

CERTIFICATE OF INSURANCE

This document is issued as a matter of information only and confers no rights upon the document holder. This certificate does not amend, extend, or alter the coverage, terms, exclusions, conditions, or other provisions afforded by the policy. We hereby certify that insurance coverage is now in force with our Company as outlined below.

TITLE OF INSURED:

Policy No:

Effective:

Account No:

Expires:

Description & Location of Property Covered:

Index No:

Real and Personal Property

Ins Loc:

Coverage in Force: (Subject to limits of liability, deductibles and all conditions in the policy)

Insurance Provided:

Peril:

Limit of Liability:

Property Damage

All Risk

\$

Additional Interests:

Additional interests under the policy, consisting of, but not limited to mortgagees, lenders loss payees, loss payees, and additional named insureds, are covered in accordance with Certificates of Insurance issued to such interests and on file with this Company. Loss, if any, shall be payable to such additional interests, as their interests may appear, and in accordance with loss payment provisions of the policy.

Types -

<Loss Payee in accordance with Additional Interests clause stated above.>

<Additional Named Insured in accordance with the Additional Interests clause stated above.>

Name

Address:

Real Property Consisting of:

Personal Property Consisting of:

Real and Personal Property Consisting of:

Mailing:

ATTN: Recipients Name
Corporate Name
Corporate Address

Certificate Number:

Effective Date:

By:

Authorized Signature

Enter name of individual signing