

CERTIFICATE OF INSURANCE FOR LIABILITY

DATE (MM/DD/YYYY)

THIS CERTIFICATE OF INSURANCE IS ISSUED FOR INFORMATIONAL PURPOSES ONLY AND BESTOWS NO RIGHTS ON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE, TERMS, EXCLUSIONS, OR CONDITIONS AFFORDED BY THE POLICIES REFERENCED BELOW. THIS CERTIFICATE DOES NOT REPRESENT A CONTRACT BETWEEN THE INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).

PRODUCER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE:</td> <td>FAX:</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> </table>	CONTACT NAME:		PHONE:	FAX:	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE	NAIC #
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INSURED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>INSURER A :</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> </table>	INSURER A :		INSURER B :		INSURER C :		INSURER D :	
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INSURER B :									
INSURER C :									
INSURER D :									

THIS DOCUMENT CERTIFIES THAT THE INSURANCE POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE NAMED INSURED FOR THE POLICY PERIOD INDICATED IN THE POLICY EFFECTIVE AND POLICY EXPIRATION SECTIONS. THE INSURANCE PROVIDED BY THE POLICIES DESCRIBED BELOW ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. LIMITS DISPLAYED MAY HAVE BEEN REDUCED BY PRIOR PAID CLAIMS.

COVERAGES

CERTIFICATE NUMBER:

COMPANY LETTER OF INSURER	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	(MM/DD/YYYY) POLICY EFF	(MM/DD/YYYY) POLICY EXP	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OCCUR GENERAL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOCATION <input type="checkbox"/> OTHER: _____						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (each occurrence) \$ _____ MEDICAL EXPENSE (any one person) \$ _____ PERSONAL & ADVERTISING INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS – COMPLETED OPERATIONS AGGREGATE \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (each accident) \$ _____ BODILY INJURY (per person) \$ _____ BODILY INJURY (per accident) \$ _____ PROPERTY DAMAGE (per accident) \$ _____
	WATERCRAFT LIABILITY <input type="checkbox"/> OWNED BOATS <input type="checkbox"/> NON-OWNED BOATS FOR USE <input type="checkbox"/> PAID CREW LIABILITY						WATERCRAFT LIABILITY \$ _____ ACCIDENTAL FUEL SPILL \$ _____ LONGSHOREMEN'S & HARBOR WORKERS' COMP \$ _____

DESCRIPTION OF DRIVERS / GARAGING / LOCATIONS / INSURED VEHICLES (Please use reverse side if more space is needed.)

CERTIFICATE HOLDER

CANCELLATION

IF ONE OR MORE OF THE DESCRIBED POLICIES ARE CANCELLED PRIOR TO THE EXPIRATION DATE, WE WILL NOTIFY IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE