



# VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)  
05/03/2024

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

<b>PRODUCER</b> <b>Producer Name</b> 123 Main St #234 San Francisco CA, 94106	<b>CONTACT NAME:</b> Producer Contact		
	<b>PHONE (A/C, No, Ext):</b> (555) 444-3333	<b>FAX (A/C, No):</b> (555) 444-3333	
	<b>E-MAIL ADDRESS:</b> testy@example.com		
	<b>PRODUCER CUSTOMER ID #:</b> Producer Customer ID		
<b>INSURED</b> <b>Robin W. Smith</b> 123 Main St #234 San Francisco CA, 94106	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Insurer A Carrier Name		<b>Insurer A</b>
	<b>INSURER B:</b> Insurer B Carrier Name		<b>Insurer B</b>
	<b>INSURER C:</b> Insurer C Carrier Name		<b>Insurer C</b>
	<b>INSURER D:</b> Insurer D Carrier Name		<b>Insurer D</b>
	<b>INSURER E:</b> Insurer E Carrier Name		<b>Insurer E</b>

<b>DESCRIPTION OF VEHICLE OR EQUIPMENT</b>				
<b>YEAR</b> 2024	<b>MAKE / MANUFACTURER</b> Vehicle Make / Manufacturer	<b>MODEL</b> Vehicle Model	<b>BODY TYPE</b> Vehicle Body Type	<b>VEHICLE IDENTIFICATION NUMBER</b> Vehicle Identification Number
<b>DESCRIPTION</b> Vehicle Description			<b>VEHICLE / EQUIPMENT VALUE</b> \$ 12,345.67	<b>SERIAL NUMBER</b> Vehicle Serial Number

**COVERAGES**      **CERTIFICATE NUMBER:** Coverage Certificate Number      **REVISION NUMBER:** Coverage Revision

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		VEHICLE LIABILITY	VL Policy Number	05/03/2024	05/03/2024	COMBINED SINGLE LIMIT	\$ 12,345.67
						BODILY INJURY (Per person)	\$ 12,345.67
						BODILY INJURY (Per accident)	\$ 12,345.67
						PROPERTY DAMAGE	\$ 12,345.67
		GENERAL LIABILITY	GL Policy Number	05/03/2024	05/03/2024	EACH OCCURRENCE	\$ 12,345.67
		<input checked="" type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	\$ 12,345.67
		<input type="checkbox"/> CLAIMS MADE					\$ 12,345.67
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		VEH COLLISION LOSS	VCL Policy Number	05/03/2024	05/03/2024	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ 12,345.67 LIMIT
						<input type="checkbox"/> <input type="checkbox"/> STATED AMT	\$ 12,345.67 DED
		VEH COMP <input type="checkbox"/> VEH OTC	VComp Policy Number	05/03/2024	05/03/2024	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ 12,345.67 LIMIT
						<input type="checkbox"/> <input type="checkbox"/> STATED AMT	\$ 12,345.67 DED
		EQUIPMENT	Eq Policy Number	05/03/2024	05/03/2024	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ 12,345.67 LIMIT
		<input checked="" type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ 12,345.67 DED
		<input type="checkbox"/> SPECIAL				<input type="checkbox"/>	
		Other coverage Type	Other Policy Number	05/03/2024	05/03/2024	other Description	\$12,345.67

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
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<b>ADDITIONAL INTEREST</b>			<b>CANCELLATION</b>		
Select one of the following: <input checked="" type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
<b>VEHICLE / EQUIPMENT INTEREST:</b>	<input checked="" type="checkbox"/> LEASED	<input type="checkbox"/> FINANCED	<b>DESCRIPTION OF THE ADDITIONAL INTEREST</b>		
<b>NAME AND ADDRESS OF ADDITIONAL INTEREST</b> Robin W. Smith 123 Main St #234 San Francisco CA, 94106			<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
			<b>LOAN / LEASE NUMBER</b> Loan Number		
			<b>AUTHORIZED REPRESENTATIVE</b>		