



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 10/01/2024

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.

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 Robin W. Smith 123 Main St #234 San Francisco CA 94106	CONTACT NAME: Robin W. Smith PHONE (A/C. No. Ext): (555) 444-3333 E-MAIL ADDRESS: testy@example.com	FAX (A/C. No): (555) 444-3333
	INSURER(S) AFFORDING COVERAGE	
INSURED Robin W. Smith 123 Main St #234 San Francisco CA 94106	INSURER A: Insurer A Affording Coverage	Insurer #
	INSURER B: Insurer B Affording Coverage	Insurer #
	INSURER C: Insurer C Affording Coverage	Insurer #
	INSURER D: Insurer D Affording Coverage	Insurer #
	INSURER E: Insurer E Affording Coverage	Insurer #
	INSURER F: Insurer F Affording Coverage	Insurer #

COVERAGES **CERTIFICATE NUMBER:** Certificate **REVISION NUMBER:** RevisorF NAIC #

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR Other General Liability Coverage Description GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: General		X	General Liability Policy Number Identifier	10/01/2024	10/01/2024	EACH OCCURRENCE \$ 12,345.67 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 12,345.67 MED EXP (Any one person) \$ 12,345.67 PERSONAL & ADV INJURY \$ 12,345.67 GENERAL AGGREGATE \$ 12,345.67 PRODUCTS - COMP/OP AGG \$ 12,345.67 General Liability Other \$ 12,345.67
X	AUTOMOBILE LIABILITY ANY AUTO Applies Other OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY Other Other		X	Automobile Liability Policy Number Identifier	10/01/2024	10/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 12,345.67 BODILY INJURY (Per person) \$ 12,345.67 BODILY INJURY (Per accident) \$ 12,345.67 PROPERTY DAMAGE (Per accident) \$ 12,345.67 Automobile Other \$ 12,345.67
X	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE Description		X	Excess Liability Policy Number Identifier	10/01/2024	10/01/2024	Coverage Limit \$ 12,345.67 EACH OCCURRENCE \$ 12,345.67 AGGREGATE \$ 12,345.67 Excess Liability Other \$ 12,345.67
X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	Workers Compensation Policy Number Identifier	10/01/2024	10/01/2024	Coverage Description \$ 12,345.67 STATUTE PER \$ 12,345.67 E.L. EACH ACCIDENT \$ 12,345.67 E.L. DISEASE - EA EMPLOYEE \$ 12,345.67 E.L. DISEASE - POLICY LIMIT \$ 12,345.67
X	Other Types of Insurance		X	Other Types of Insurance Policy Number Identifier	10/01/2024	10/01/2024	Other Types of Insurance \$ 12,345.67 Other Types of Insurance \$ 12,345.67 Other Types of Insurance \$ 12,345.67

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Number Reference Schedule, may be attached if more space is required)
 Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

CERTIFICATE HOLDER Robin W. Smith 123 Main St #234 San Francisco CA 94106	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--