



# 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).

<b>PRODUCER</b> Robin W. Smith  123 Main St #234 San Francisco CA 94106		<b>CONTACT NAME:</b> Robin W. Smith <b>PHONE (A/C, No, Ext):</b> (555) 444-3333 <b>E-MAIL ADDRESS:</b> testy@example.com <b>FAX (A/C, No):</b> (555) 444-3333																						
<b>INSURED</b> Robin W. Smith  123 Main St #234 San Francisco CA 94106		<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Insurer A Affording Coverage</td><td>Insurer</td></tr><tr><td>INSURER B:</td><td>Insurer B Affording Coverage</td><td>Insurer</td></tr><tr><td>INSURER C:</td><td>Insurer C Affording Coverage</td><td>Insurer</td></tr><tr><td>INSURER D:</td><td>Insurer D Affording Coverage</td><td>Insurer</td></tr><tr><td>INSURER E:</td><td>Insurer E Affording Coverage</td><td>Insurer</td></tr><tr><td>INSURER F:</td><td>Insurer F Affording Coverage</td><td>Insurer</td></tr></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	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
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INSURER F:	Insurer F Affording Coverage	Insurer																						

**COVERAGES**      **CERTIFICATE NUMBER:** Certificate      **REVISION NUMBER:** RevisionF      **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 Other General Liability Coverage Description General Aggregate Limit Applies Other POLICY PRO-JECT LOC OTHER: General	X	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	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	UMBRELLA EXCESS LIAB Description	X	X	Excess Liability Policy Number Identifier	10/01/2024	10/01/2024	Coverage Limit Description 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/WORKER MEMBER/EMPLOYEE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X	X	Workers Compensation Policy Number Identifier	10/01/2024	10/01/2024	Coverage Description X 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	X	Other Types of Insurance Policy Number Identifier	10/01/2024	10/01/2024	Other Types of Insurance Limits 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, Additional Remarks Schedule, may be attached if more space is required)  
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## CERTIFICATE HOLDER

Robin W. Smith  123 Main St #234 San Francisco CA 94106
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## 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