



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/19/2024

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 Producer_FullName_A 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 NamedInsured_FullName_A Care of (optional) 123 Main St #234 San Francisco CA 94106	INSURER A: Insurer(s)	Insurer(s)
	INSURER B: Insurer(s)	Insurer(s)
	INSURER C: Insurer(s)	Insurer(s)
	INSURER D: Insurer(s)	Insurer(s)
	INSURER E: Insurer(s)	Insurer(s)
	INSURER F: Insurer(s)	Insurer(s)

COVERAGES **CERTIFICATE NUMBER:** CertificateOfInsu- **REVISION NUMBER:** CertificateOfIns-

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 checked="" type="checkbox"/> OCCUR GeneralLiability_Other- GeneralLiability_Other_A CoverageDescription_B GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: GeneralLiability_G- GeneralAggregate_ LimitAppliesToCo-	X	X	Policy_GeneralLiability_PolicyNumberIdentifier_A	04/19/2024	04/19/2024	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 GeneralLiability_Other- GeneralAggregate_ LimitAppliesToCo- 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 Vehicle_OtherCoverage \$ \$12,345.67
X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> VEHICLE	X	X	Policy_AutomobileLiability_PolicyNumberIdentifier_A	04/19/2024	04/19/2024	BODILY INJURY (Per person) \$ \$12,345.67 BODILY INJURY (Per accident) \$ \$12,345.67 PROPERTY DAMAGE (Per accident) \$ \$12,345.67 Vehicle_OtherCoverage \$ \$12,345.67
X	UMBRELLA LIABILITY <input checked="" type="checkbox"/> EXCESS COV <input checked="" type="checkbox"/> AUTO RETENTION \$ ExcessUmbrella_Other- CoverageDescription_A Each Occurrence \$ \$12,345.67	X	X	Policy_ExcessLiability_PolicyNumberIdentifier_A	04/19/2024	04/19/2024	AGGREGATE \$ \$12,345.67 ExcessUmbrella_Other- CoverageDescription_A Each Occurrence \$ \$12,345.67
X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE <input checked="" type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			PolicyExWorkersCompensationAndEmployersLiability_PolicyNumberIdentifier_A	04/19/2024	04/19/2024	E.L. EACH ACCIDENT \$ \$12,345.67 E.L. DISEASE - EA EMPLOYEE \$ \$12,345.67 E.L. DISEASE - POLICY LIMIT \$ \$12,345.67
	Limits Limits	X	X	Limits	04/19/2024	04/19/2024	Limits \$ \$12,345.67 Coverage \$ \$12,345.67 Coverage \$ \$12,345.67

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks 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 Care of (optional) 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
---	--