

DATE (MM/DD/YYYY)
05/02/2024

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

REVISION NUMBER: Certificate No. C

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			
Insurer	X	COMMERCIAL GENERAL LIABILITY	X	X	General Liability Policy Number Identifier	05/02/2024	05/02/2024	EACH OCCURRENCE	\$ 12,345.67		
	X	CLAIMS-MADE						X	OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 12,345.67
	X	Other Coverage A						MED EXP (Any one person)	\$ 12,345.67		
	X	Other Coverage B						PERSONAL & ADV INJURY	\$ 12,345.67		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 12,345.67		
	X	POLICY						PROJECT	LOC	PRODUCTS - COMP/OP AGG	\$ 12,345.67
		OTHER: General						General Liability Other	\$ 12,345.67		
City Insurer	AUTOMOBILE LIABILITY		X	X	Automobile Liability Policy Number Identifier	05/02/2024	05/02/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 12,345.67		
	X	ANY AUTO						SCHEDULED AUTOS	BODILY INJURY (Per person)	\$ 12,345.67	
		OWNED AUTOS ONLY							BODILY INJURY (Per accident)	\$ 12,345.67	
		HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ 12,345.67	
		Other						Other	Automobile Other	\$ 12,345.67	
Insurer	X	UMBRELLA	X	Covered	Excess Liability Policy Number Identifier	05/02/2024	05/02/2024	Coverage Limit Description	\$ 12,345.67		
	X	EXCESS LIABILITY	X	CLAIMS-MADE				AGGREGATE	\$ 12,345.67		
	X	DESCRIPTION	RETENTION \$	DESCRIPTION				Excess Liability Other	\$ 12,345.67		
Workers Compensation Any Person's Exclusion	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	Y / N	Workers Compensation Policy Number Identifier	05/02/2024	05/02/2024	Coverage Description	Workers		
	ANY PROPRIETOR/PARTNER/EXECUTIVE EMPLOYER (Mandatory in NH)							E.L. EACH ACCIDENT	Compensation		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	12,345.67		
								E.L. DISEASE - POLICY LIMIT	Other		
Insurer	Limits Policy Number Identifier		X	X	Limits Policy Number Identifier	05/02/2024	05/02/2024	Limits Coverage 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.

CANCELLATION

<p>Robin W. Smith Care of (optional) 123 Main St #234 San Francisco</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
<p>CA 94106</p>	<p>AUTHORIZED REPRESENTATIVE</p>