ACORD

SAMPLE FORM
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVE 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 ADDITIONAL INSURED, the polic(ies) must 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 endorsements.

Producer:	CONTACT NAME	
	PHONE (A/C, No. Ext)	FAX (A/C, No.):
	E-MAIL ADDRESS	
	PRODUCER CUSTOMER ID #:	
INSURED	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D	
	INSURER E:	
	INSURER R:	

COVERAGES **CERTIFICATE NUMBER** **REVISION NUMBER**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$1,000,000
	☒ COMMERCIAL GENERAL LIABILITY	X	X				DAMAGE TO RENTED PREMISES (EA. OCCUR)	$50,000
	☐ ☐CLAIMS MADE ☒ OCCUR						MED EXP ((any one person)	$5,000
	☐ Contractual incl.						PERSONAL AND ADV. INJURY	$1,000,000
	☐ XCU Included						GENERAL AGGREGATE	$2,000,000
	GEN. AGGREGATE LIMITE APPLIES PER						PRODUCTS – COMP/OP AGG	$2,000,000
	☐ POLICY ☒ PROJECT ☐ LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (EA. ACCIDENT)	1,000,000
	☒ ANY AUTO		X				BODILY INJURY (PER PERSON)	
	☐ ALL OWNED AUTOS						BODILY INJURY (PER ACCIDENT)	
	☐ SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	
	☒ HIRED AUTOS							
	☒ NOW-OWNED AUTOS							
	☒ **UMBRELLA LIAB.** ☒ OCCUR	X	X				EACH OCCURRENCE	$1,000,000
	☐ EXCESS LIAB ☐ CLAIMS MADE						AGGREGATE	$1,000,000
	☐ DEDUCTIBLE							
	☐ RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		X				☒ WC STATUTORY LIMIT ☐ OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N						E.L. EACH ACCIDENT	$100,000
	OFFICER MEMBER EXCLUDED?						E.L. DISEASE – EA. EMPLOYEE	$100,000
	(Mandatory in NH)						E.L. DISEASE – POLICY LIMIT	$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS BELOW							

Project Name _____ CGL and Umbrella policies are endorsed to include Midtown Business Association and City of Atlanta as Additional Insured for ongoing operations (CG2010 07/04) and completed operations (CG2037 07/04) on a primary and non-contributory basis. All policies are endorsed for Waivers of Subrogation and 30 day notice of cancellation in favor of Owner and Midtown Business Association.

CERTIFICATE HOLDER	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