

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

		- • •	• • •					- 01	/01/2016	
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 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).										
PRO	DUCER		CONTAC NAME:							
AgonovilleA						PHONE (AC, No, Ext): 253-123-4567 [AX, No): 253-321-4567				
Agency USA 1000 South A Street						ADDRESS: johndoe@agencyusa.com				
					INSURER(S) AFFORDING COVERAGE				NAIC #	
Kent, WA 98042					INSURER A: Insurance Carrier No. 1				12345	
INSURED					INSURER B: Insurance Carrier No. 2				45678	
	Named Insure	ed			INSURER c : Insurance Carrier No. 3				56789	
	555 Example	Street			INSURER D :					
Puyallup, WA 98372					INSURER E : INSURER F :					
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) \$	50,000	
		Х	Х	1000000C		01/01/2016	01/01/2017	MED EXP (Any one person) \$	5,000	
				1000000		01/01/2016	01/01/2017	PERSONAL & ADV INJURY \$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC							GENERAL AGGREGATE \$	2,000,000	
								PRODUCTS - COMP/OP AGG \$	2,000,000	
	OTHER:							COMBINED SINGLE LIMIT	1,000,000	
								(Ea accident) BODILY INJURY (Per person)	1,000,000	
	ALLOWNED SCHEDULED AUTOS			2000000A		01/01/2016	01/01/2017	BODILY INJURY (Per accident) \$		
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$		
								(i or doordorn) \$		
	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE \$	5,000,000	
	X EXCESS LIAB CLAIMS-MADE			300000E		01/01/2016	01/01/2017	AGGREGATE \$	5,000,000	
	DED X RETENTION \$							\$ PER OTH-		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT \$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
	DÉSÉRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if more	e space is require	ed)		
Project: ABC Elementary School - 5432 1st Street, Tacoma, WA 98409										
Sa	Sample Subcontractor is named as Additional Insured per the attached form(s) and/or endorsement(s).									
CERTIFICATE HOLDER						CANCELLATION				
Sample Subcontractor						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
1234 56th Street										

John Doe