ACORD®	

CERTIFICATE OF LIABILITY INSURANCE

DATE	(MM/DD/YY)	YY
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	DUCER ame o	र f Agent)				SUED AS A MATTER O O RIGHTS UPON TH			
		address)		HOLDER.	HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR				
	(g a				ALTER THE COVERAGE AFFORDED BY THE POLICI				
INS	JRED						NAI	C #	
		(Name of your Renter or Lea	asee)	INSURER A: (IN	INSURER A: (Name of Insurer) A- or Higher Rating				
				INSURER C:					
				INSURER D:					
				INSURER E:					
COVERAGES									
A N	NY RE IAY PE	DLICIES OF INSURANCE LISTED BELEQUIREMENT, TERM OR CONDITION ERTAIN, THE INSURANCE AFFORDE ES. AGGREGATE LIMITS SHOWN MA	I OF ANY CONTRACT OR OTHER D D BY THE POLICIES DESCRIBED H	OCUMENT WITH REREIN IS SUBJECT	ESPECT TO WHICH	H THIS CERTIFICATE MAY I	BE ISSUE	ED OR	
INSF	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	3		
		GENERAL LIABILITY	(Policy Number)	(Effective Date)	(Exp. Date)	EACH OCCURRENCE	\$	1,000,000	
Α	Α	X COMMERCIAL GENERAL LIABILITY	(Folicy Number)	,	, ,	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000	
		CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$	5,000	
						PERSONAL & ADV INJURY	\$	1,000,000	
						GENERAL AGGREGATE	\$	2,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$	2,000,000	
		POLICY X JECT LOC					\$		
Α	Α	X ANY AUTO	(Policy Number)	(Effective Date)	(Exp. Date)	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		ALL OWNED AUTOS SCHEDULED AUTOS	1		I	BODILY INJURY (Per person)	\$		
		X HIRED AUTOS X NON-OWNED AUTOS	CANA		i D	BODILY INJURY (Per accident)	\$		
			_ 3 A I VI		, 11,	PROPERTY DAMAGE (Per accident)	\$		
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
		ANY AUTO				OTHER THAN	\$	_	
		EXCESS / UMBRELLA LIABILITY	(Policy Number)	(Effective Date)	(Exp. Date)	EACH OCCURRENCE	\$	1,000,000	
Α	Α	X OCCUR CLAIMS MADE	(Folicy Number)	,	, ,	AGGREGATE	\$	1,000,000	
							\$		
		DEDUCTIBLE					\$		
		RETENTION \$				(MC STATU (OTH	\$		
Α	EMD	RKERS COMPENSATION AND LOYERS' LIABILITY	(Policy Number)	(Effective Date)	(Exp. Date)	X WC STATU- OTH- TORY LIMITS ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y / N CER/MEMBER EXCLUDED?	, ,			E.L. EACH ACCIDENT	\$	500,000	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	500,000	
		s, describe under CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$	500,000	
	ОТН	ER							
DES	CRIPTI	ON OF OPERATIONS / LOCATIONS / VEHICL	FS / FXCLUSIONS ADDED BY ENDOPSEM	IENT / SPECIAL PROVI	ISIONS				
							/		
		e Holder is included as an Addition on a primary basis and Waiver of S	•		_		erage. (Soverage is	
Pic	viaca	on a primary basic and volution or o	Jabrogation io molaced in laver of	and continuous more	dor do por contract,	•			
CERTIFICATE HOLDER			CANCELLAT	CANCELLATION					
			SHOULD ANY O	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN					
(Your Dealer Name and Address)					NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL				
				IMPOSE NO OBL	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.				
					AUTHORIZED REPRESENTATIVE				
						Authorized Signature)			

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.