



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 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, THE REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an individual, the terms and conditions of the policy, certain certificate holder in lieu of such endorsement(s).

Make sure the vendor contact information is accurate and the named insured is the vendor you are contracting with

policy(ies) must be endorsed. If SUBROGATION or reimbursement. A statement on this certificate does not constitute an endorsement.

Be sure there are companies listed here and the there are corresponding letters in the GL, Auto, Umbrella and Workers Compensation boxes below.

PRODUCER	CONTACT NAME: PHONE: FAX (No. Ext): E-MAIL: ADDRESS:
INSURED	INSURER(S) AFFORDING COVERAGE INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

Each Occurrence box should be \$1,000,000 or match your coverage.

General Aggregate box should be \$2,000,000 or match your coverage.

COVERAGES **CERTIFICATE NUMBER:**
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED AS INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR POLICY THAT MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES LISTED BELOW IS SUBJECT TO THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY OTHER COVERAGE.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				<input checked="" type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

Policy numbers must be present and cannot say Binder or TBD

Make sure policy dates fall within dates of vendors service to your firm.

Owners should not be excluded so this box should have an N.

This box should be checked.

Statutory limits for WC in Indiana are \$500,000/\$500,000/\$500,000. Other states may vary.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (If a separate schedule, may be attached if more space is required)

READ HERE TO MAKE SURE THERES NOTHING OUT OF THE ORDINARY - CHECK WITH GREGORY & APPEL IF YOU SEE SOMETHING YOU DON'T UNDERSTAND - AND IF YOU CAN - REQUEST THAT YOUR FIRM BE NAMED AS ADDITIONAL INSURED ON THE GL AND AUTO LIABILITY POLICIES WITH WAIVER OF SUBROGATION ON THE WORKERS COMPENSATION, AUTO LIABILITY AND THE GENERAL LIABILITY.

CERTIFICATE HOLDER	CANCELLATION
The form should be signed.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES EXPIRE PRIOR TO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE