INTEGRATED INSURANCE & FINANCIAL SERVICES

Certificate of Liability Insurance (Standard Form)

CERTIFICATE OF LIABILITY INSURANCE

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 center rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

CONTACT NAME
PHONE
EMAIL
TAX ID NO.
NRI #
NRC #

INSURES

INSURER A:
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERSAGES

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.

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<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>LIMITS</th>
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<tbody>
<tr>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>EACH OCCURRENCE</td>
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<td></td>
<td>PROPERTY DAMAGE</td>
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<td></td>
<td>PERSONAL INJURY</td>
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<td>MEDICAL EXPENSE</td>
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<td>WORK RELATED DISABILITY</td>
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<thead>
<tr>
<th>AUTOMOBILE LIABILITY</th>
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<tr>
<td>SCHEDULED located</td>
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<tr>
<th>WORKERS COMPENSATION</th>
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<tr>
<td>EMPLOYER'S LIABILITY</td>
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</table>
| MANDATORY 

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 190, Additional Remarks Schedule, may be attached if more space is required)

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

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Insurance Requirements in Contracts 2020.1 Version

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This certificate confirms the provisions of the California Insurance Code, §384. Other states have similar provisions. It states that the policy, not the certificate governs coverage.

This block identifies the Agent or Broker.

The insured is your entity’s contractor or lessee.

The insurer will be identified here. The insurer letter appears again near the left margin at “*3” to show which insurer provides which coverage.

This notice again states that the policy supersedes the certificate form.

These sections show the type of coverage provided through the agent or broker identified in “1” above. If the insured uses more than one broker, this certificate will not identify all existing.

These two columns show inception and expiration dates for policies identified. Pay special attention that coverage does not expire before or during your project or lease.

This column identifies limits per occurrence and aggregate for each type of coverage afforded. Pay special attention to low aggregate limits for public works-type contractors. Losses on other jobs may reduce your coverage.

This section will usually be used to restrict coverage to a specific job or lease. Watch for restrictions that would omit the coverage required by your specifications.

Certificate holder is your entity.

The authorized representative of the insurer should be an employee, unless the agent or broker is specifically authorized to sign on behalf of the company.