

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(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).											
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This page is a SAMPLE of the Certificate of Insurance. Please note information in box above.						NAME:					
					(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:						
						ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A:					
INSURED					INSURER B:						
					INSURER C:						
SAMPLE					INSURER D:						
					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 PERIOR										ICY 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							POLICY EXP (MM/DD/YYYY)	LIMITS			
LIK	COMMERCIAL GENERAL LIABILITY		WVD	POLICY NUMBER	0	MIM/DD/YYYY)	(MM/DD/YYYY)				
Α	X CLAIMS-MADE X OCCUR						EACH OCCURRENCE \$ 2,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$		10,000		
		х	Х			01/01/2019	01/01/2020	MED EXP (Any one person) \$			
				123456-78-9	0			PERSONAL & ADV INJURY \$			
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY LOC										
								PRODUCTS - COMP/OP AGG \$			
	OTHER:					\$					
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000		00.000		
В	X ANY AUTO						04/04/0000	BODILY INJURY (Per person) \$		20,000	
	OWNED SCHEDULED		X	123456-78-9	01/01/2019	01/01/2020	BODILY INJURY (Per accident) \$				
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY		(If app	(If applicable)				PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE S	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$							1 -	\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		00,000		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		123456-78-9	0	01/01/2019	01/01/2020			00,000	
	(Mandatory in NH)			(If applicable)				E.L. DISEASE - EA EMPLOYEE \$ 1,00		00,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 1,000,		00,000	
	E&O/PL			123456-78-9	01/01/2019	01/01/2020	2,00),000 EA		
D	Pollution			123456-78-9 (If applicable)					1,000),000 EA	
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHICE	ES (A	CORD	101, Additional Remarks Schedu	le, may be a	ttached if more	space is require	ed)			
	All operations must include the fol	lowir	ng lar	nguage: "City of Clovis.	its offic	ers. official	ls. emplove	es, and volunteers			
	All operations must include the following language: "City of Clovis, its officers, officials, employees, and volunteers are listed as Additional Insured - Pursuant to attached endorsement."										
	Please reference project description and/or number.										
CERTIFICATE HOLDER CANCELLATION											
CE	RTIFICATE HOLDER		ELATION								
City of Clovis						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1033 Fifth Street					AUTHORIZED REPRESENTATIVE						
	Clovis, CA 93612				3-						