## **Certificate of Insurance Explanation of Sections**

- 1. The name and address of the insured's insurance brokerage or agency appears here.
- 2. The insured's name and address appears here. The insured is the entity you are requesting the certificate from.
- 3. The names of each insurance carrier appear here each are assigned a letter code: A, B, C, D and E to correspond with section #4.
- 4. The letter (A, B, C, D, E) of the appropriate carrier appears here for each coverage section.
- 5. An "X" will be marked in this box if additional insured status is being provided for the particular coverage section. Also see section #6.
- The additional insured status and/or other contract or agreement requirements would appear in this section along with the project name and description.
- 7. The certificate holder's name and address will appear here. The certificate holder is the entity requiring the insured to provide the certificate of insurance. Such as The City of Aztec, 201 W. Chaco St., Aztec NM 87410
- 8. The signature of the authorized representative of the insured's insurance brokerage or agency appears here.

<sup>\*</sup>Prepared by: XYZ Risk Management Services, Inc. -



## CERTIFICATE OF LIABILITY INSURANCE

	DATE	(MM/DD/YYYY)
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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(les) 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	40			CONTACT NAME: Agency Contact Information Name						
Name of Insurance Brokerage or Agency #2						PHONE					
Street Address					(A/C, No, Ext): Agency phone number (A/C, No): E-MAIL ADDRESS:						
					PRODU	CER MER ID #:					
City	St	2	Zip				URER(S) AFFOR	DING COVERAGE		NAIC #	
INSURED					INSURE	RA: ABC Ins	urance Comp	any #4		12345	
Insured Name #3 Street Address					INSURER B : XYZ Insurance Company 56789						
					INSURER C : NOP Insurance Company 00000						
	and the second				INSURER D:						
	City		St	Zip	INSURER E:						
					INSURER F:						
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
# CE	HIS IS TO CERTIFY THAT THE POLICIE: IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	REME TAIN,	THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER ES DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR		INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
A	X COMMERCIAL GENERAL LIABILITY			Policy number				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	CLAIMS-MADE X OCCUR	X						MED EXP (Any one person)	\$		
	JOURNA NA DE TITO GOOGN							PERSONAL & ADV INJURY	\$		
		#5						GENERAL AGGREGATE	3	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMPAOP AGG	3	2,000,000	
	POLICY PRO- LOC							PRODUCTS - COMPIOP AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	8		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED AUTOS	1	1					BODILY INJURY (Per accident)	\$		
	SCHEDULED AUTOS HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	NON-OWNED AUTOS								\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DEDUCTIBLE	1	1						3		
	RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE		-					E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED?	NIA	1					E.L. DISEASE - EA EMPLOYEE	\$		
	(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below							E.L. DISEASE - POLICY LIMIT	\$		
The	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC City of Boulder and its officials and emp ect/Agreement/Contract no.	oloye	es are		ured as			ntract with the Named Ins	sured r	egarding	
CE	RTIFICATE HOLDER				CAN	CELLATION					
#7						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					