Customer Certificate - Example C

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

Issue Date

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

PRODUCER

Your Insurance Agent's Name and Address

CONTACT NAME:
PHONE (A/C, No, Ext):
E-MAIL ADDRESS:

Your Insurance Agent's Contact Information

Your Insurance Agent Will Populate This Document

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Your Insurance Carrier's Name	
INSURER B: Your Insurance Carrier's Name	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Your Company's Name and Address

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 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	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ $1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
		Y	Y	Your Policy Number	Policy Eff. Date	Policy Exp. Date	MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ $1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ $2,000,000
X	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ $1,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ $1,000,000
X	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS			Your Policy Number	Policy Eff. Date	Policy Exp. Date	BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
X	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$ $2,000,000
	EXCESS LIAB CLAIMS-MADE			Your Policy Number	Policy Eff. Date	Policy Exp. Date	AGGREGATE	$ $2,000,000
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)		Y	Your Policy Number	Policy Eff. Date	Policy Exp. Date	E.L. EACH ACCIDENT	$ $500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Wording here should state: "Wheaton Sanitary District" as additional insured on General Liability arising from the operations of the Named Insured with waiver of subrogation with respect to General Liability & Workers Compensation as per contract or agreement with the Named Insured.

! IMPORTANT: Insurance limits may be obtained through any combination of primary and excess/umbrella liability

CERTIFICATE HOLDER

Wheaton Sanitary District
1S649 Shaffner Road
Wheaton, IL 60189

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

Insurance Agent's Signature Required

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