

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YR)
Today's 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 require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Broker Name, Address and
Phone Number

CONTACT
NAME:

JANE DOE

PHONE
(A/C,No,Ext):

555-555-5555

FAX
(A/C,No):

555-555-5556

EMAIL
ADDRESS:

Jane.doe@yahoo.com

INSURERS AFFORDING COVERAGE

NAIC

INSURED

ABC Contractors, Inc
123 Main Street
Small Town, CA 95000

INSURER A:

General Liability Carrier

INSURER B:

Auto Liability Carrier

INSURER C:

Umbrella Carrier

INSURER D:

Workers Compensation Carrier

INSURER E:

Professional-Pollution Liab. Carrier

INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	GENERAL L LIABILITY				Y		ABC123-M	11/01/2015	11/01/2016	EACH OCCURRENCE		\$1,000,000		
	X	COMMERCIAL GENERAL LIABILITY								DAMAGE TO RENTED PREMISES (Ea occurrence)		\$50,000		
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR								MED EXP (Any one person)		\$5,000		
	X	Per Project Aggregate								PERSONAL & ADV INJURY		\$1,000,000		
										GENERAL AGGREGATE		\$2,000,000		
	GEN'L. AGGREGATE LIMIT APPLIES PER									PRODUCTS - COMP/OP AGG		\$2,000,000		
		POLICY	<input checked="" type="checkbox"/>	PROJECT						<input type="checkbox"/>	LOC			\$
B	AUTOMOBILE LIABILITY				Y	ABC123-N	11/01/2015	11/01/2016	COMBINED SINGLE LIMIT (Ea accident)		\$1,000,000			
	X	ANY AUTO							BODILY INJURY (Per person)		\$			
		ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS							BODILY INJURY (Per accident)		\$			
	X	HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)		\$			
											\$			
C	x	UMBRELLA LIAB		x	OCCUR	ABC123-O	11/01/2015	11/01/2016	EACH OCCURRENCE		\$1,000,000			
		EXCESS LIAB			CLAIMS-MADE				AGGREGATE		\$1,000,000			
		DED		RETENTION	\$						\$			
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/>				N/A	Y	ABC123-P	11/01/2015	11/01/2016	X	WC STATUTORY LIMITS		OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in N.H.) <input type="checkbox"/>									E.L. EACH ACCIDENT		\$1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE		\$1,000,000		
										E.L. DISEASE - POLICY LIMIT		\$1,000,000		
E	Professional and Pollution Liability (if applicable)						ABC123-Q	11/01/2015	11/01/2016	Each Occ/Agg		\$1,000,000		

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

RE: W.L. Butler Project Name and Number: (JOB NAME, JOB ADDRESS, CITY & STATE, (WLB# #####)

Requirements: W.L. Butler, Inc., its officers, directors and employees; the Owner, their directors, officers, and employees, and any other parties required by Owner are included as Additional Insured on the General Liability and Auto Liability. Coverage is Primary/Non-Contributory. Waiver of Subrogation applies to the General Liability, Auto Liability and Workers Compensation

CERTIFICATE HOLDER

CANCELLATION

Pend Oreille Specialty Food Incubator, Inc.
130 McGee Rd Suite 200
Sandpoint, ID 83864

*This is a sample and is intended only as a guide.
Please insert your specific data.

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

Signature