

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
	<b>COMPANIES AFFORDING COVERAGE</b>
INSURED	COMPANY <b>A</b>
	COMPANY <b>B</b>
	COMPANY <b>C</b>
	COMPANY <b>D</b>

**COVERAGES**

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b>				
<input type="checkbox"/>	COMPREHENSIVE FORM				BODILY INJURY OCC \$
<input type="checkbox"/>	PREMISES/OPERATIONS				BODILY INJURY AGG \$
<input type="checkbox"/>	UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE OCC \$
<input type="checkbox"/>	PRODUCTS/COMPLETED OPER				PROPERTY DAMAGE AGG \$
<input type="checkbox"/>	CONTRACTUAL				BI & PD COMBINED OCC \$
<input type="checkbox"/>	INDEPENDENT CONTRACTORS				BI & PD COMBINED AGG \$
<input type="checkbox"/>	BROAD FORM PROPERTY DAMAGE				PERSONAL INJURY AGG \$
<input type="checkbox"/>	PERSONAL INJURY				
	<b>AUTOMOBILE LIABILITY</b>				
<input type="checkbox"/>	ANY AUTO				BODILY INJURY (Per person) \$
<input type="checkbox"/>	ALL OWNED AUTOS (Private Pass)				BODILY INJURY (Per accident) \$
<input type="checkbox"/>	ALL OWNED AUTOS (Other than Private Passenger)				
<input type="checkbox"/>	HIRED AUTOS				PROPERTY DAMAGE \$
<input type="checkbox"/>	NON-OWNED AUTOS				BODILY INJURY & PROPERTY DAMAGE COMBINED \$
<input type="checkbox"/>	GARAGE LIABILITY				
	<b>EXCESS LIABILITY</b>				
<input type="checkbox"/>	UMBRELLA FORM				EACH OCCURRENCE \$
<input type="checkbox"/>	OTHER THAN UMBRELLA FORM				AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				WC STATUTORY LIMITS \$
<input type="checkbox"/>	INCL				OTHER \$
<input type="checkbox"/>	EXCL				EL EACH ACCIDENT \$
	<b>OTHER</b>				EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE