



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 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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED SAMPLE CERTIFICATE Name of Insured / Vendor Address City, State, Zip	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Name of Insurance Company Rated A or Better	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		

COVERS

CERTIFICATE NUMBER: 961892480

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	
A	COMMERCIAL GENERAL LIABILITY	Y					EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person)	\$5,000	
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY	\$1,000,000	
	OTHER:					GENERAL AGGREGATE	\$2,000,000	
	AUTOMOBILE LIABILITY					PRODUCTS - COMP/OP AGG	\$2,000,000	
	ANY AUTO						\$	
	ALL OWNED AUTOS							
	Hired AUTOS							
	SCHEDULED AUTOS							
	NON-OWNED AUTOS							
	UMBRELLA LIAB					COMBINED SINGLE LIMIT (Ea accident)	\$	
	EXCESS LIAB					BODILY INJURY (Per person)	\$	
	OCCUR					BODILY INJURY (Per accident)	\$	
	CLAIMS-MADE					PROPERTY DAMAGE (Per accident)	\$	
	DED						\$	
	RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE	OTHE-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>				E.L. EACH ACCIDENT	\$	
	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)

The City of Summit is included as an Additional Insured.

Name/Description of Event:

Date(s) of Event:

Location(2) of Event:

The insured's General Liability, Auto Liability and Umbrella policies include a Waiver of Subrogation in favor of the City of Summit.

CERTIFICATE HOLDER

CANCELLATION

City of Summit 512 Springfield Avenue Summit, NJ 07901-2667	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

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NOTEPAD:

INSURED'S NAME: SAMPLE CERTIFICATE

SUMMIT

OPID 6J

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If road closures include County roads, Union County must also be included and added as an additional insured.

The certificate of insurance must also include the following wording: "**The insured's General Liability, Auto Liability and Umbrella policies include a Waiver of subrogation in favor of the City of Summit.**" (see Description box on Page 1)