

EXAMPLE



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).

<p>PRODUCER</p> <p style="font-size: 1.2em; color: red;">Insurance Agent Address & Phone #</p>	<p>CONTACT NAME: NAME</p> <p>PHONE: NUMBER FAX: (AG. No.)</p> <p>E-MAIL ADDRESS:</p>												
<p>INSURED</p> <p style="font-size: 1.2em; color: red;">Insured Name & Company Name Address</p>	<p>INSURER(S) AFFORDING COVERAGE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A: Insurance Carrier</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INSURER B: Insurance Carrier</td> <td>#####</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A: Insurance Carrier	NAIC #	INSURER B: Insurance Carrier	#####	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER B: Insurance Carrier	#####												
INSURER C:													
INSURER D:													
INSURER E:													
INSURER F:													

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. SUBR. (INSR. / WVR)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPI. DATE (MM/DD/YYYY)	LIMITS
	<p>GENERAL LIABILITY</p> <p><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR</p> <p>GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC</p>	x x	Required Policy Number	Policy Effective Date	Policy Expiration Date	<p>EACH OCCURRENCE: \$ 1,000,000</p> <p>DAMAGE TO RENTED PREMISES (As occupant): \$</p> <p>MED EXP (Any one person): \$</p> <p>PERSONAL & ADV INJURY: \$</p> <p>GENERAL AGGREGATE: \$</p> <p>PRODUCTS - COM/OP AGG: \$</p> <p>COMMON SINGLE LIMIT (As accident): \$</p> <p>BODILY INJURY (Per person): \$</p> <p>BODILY INJURY (Per accident): \$</p> <p>PROPERTY DAMAGE (Per accident): \$</p>
	<p>AUTOMOBILE LIABILITY</p> <p><input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS</p> <p><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS</p> <p><input type="checkbox"/> HIRED AUTOS</p>					<p>UMBRELLA LIAB: \$</p> <p>EXCESS LIAB: \$</p> <p>RETENTIONS: \$</p>
	<p>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</p> <p>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</p> <p>Y/N <input type="checkbox"/> N/A</p> <p>If yes, describe under DESCRIPTION OF OPERATIONS below</p>		Workers Comp Policy Number	Policy Effective Date	Policy Expiration Date	<p>E.L. EACH ACCIDENT: \$</p> <p>E.L. DISEASE - SA EMPLOYEE: \$</p> <p>E.L. DISEASE - POLICY LIMIT: \$</p>

EXAMPLE

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

*The Boone County Fair Association & Boone County Pomona Grange are listed as an additional insured under this policy

Entertainment & Contractors Email to - BCFA2001@aol.com

<p>CERTIFICATE HOLDER</p> <p style="font-size: 1.2em; color: red;">Boone County Fair Association & Boone County Pomona Grange PO Box 456 Belvidere, IL 61008</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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