

**SAMPLE: SEE NOTES BELOW**

DATE (MM/DD/YY)  
04/03/2008

PRODUCER  
 <INSURANCE AGENT>  
 <INS. AGENT ADDRESS>  
 <INS. AGENT CITY/ST/ZIP>  
 <INS. AGENT PHONE/FAX>

Insurers must be rated  
**A-** or higher by AMBest.  
 WC insurer is allowed  
**A-** or higher

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.

**INSURERS AFFORDING COVERAGE**

INSURED  
 <CARRIER NAME>  
 <CARRIER ADDRESS>  
 <CARRIER CITY/ST/ZIP>

INSURER A- Insurer (rated **A-** or higher by AMBest)  
 INSURER B- Another Insurer (rated **A-** or higher)  
 INSURER C- Third Insurer (work comp rated **A-** or higher)  
 INSURER D-  
 INSURER E-

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR 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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER. <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS deduct \$@@@	XYZ5678	01/01/20**	01/01/20**	COMBINED SINGLE LIMIT (Ea accident) \$ <b>\$1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY ALTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: -- EAACC \$ AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	LMN456789	01/01/20**	01/01/20**	XX WC STATU-TORY LIMITS   OTHER E.A EACH ACCIDENT \$ <b>\$1,000,000</b> E.A DISEASE - EA EMPLOYEE \$ <b>\$1,000,000</b> E.A. DISEASE - POLICY LIMIT \$ <b>\$1,000,000</b>
B	<b>OTHER</b> Motor Truck Cargo	CDE54321	01/01/20**	01/01/20**	deduct \$@@@; \$ * limit

Can be any of these.

Workers Comp listed if required by state law.

Deductibles must be listed for all policies.

If carrier utilizes owner-operators, this clause MUST be listed.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
*William T. Boockalisse*

Minimum Requirements: \$1,000,000 Auto Liability, \$ \* Cargo. No deductible higher than \* will be accepted on any policy. Policy Numbers, Effective and Expiration Dates, Limits, and Deductibles must be listed for all policies.

\* see individual program requirements