Example of Liability I

DATE (MM/DD/YYYY)

Certific	at	e (or Liability	' In	surai	nce (01/01/	20	
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 the terms and conditions of the policy	, cert	ain p	olicies may require an er							
certificate holder in lieu of such endorsement(s). PRODUCER					CONTACT Mr. John Doe					
ABC INSURANCE AGENCY					PHONE (A/C, No, Ext): 800-123-4567 FAX (A/C, No):					
123 SMITH STREET					E-MAIL ADDRESS: JDoe@ABCinsurance.com					
ANY TOWN, RI 02123					INSURER(S) AFFORDING COVERAGE INSURER A · ABC INSURANCE AGENCY					
INSURED					INSURER A: ABC INSURANCE AGENCY 00000 INSURER B:					
XYZ COMPANY					INSURER C :					
456 SMITH STREET					INSURER D:					
ANY TOWN, RI 02456					INSURER E :					
					INSURER F:					
			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 PERIC INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM 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)	LIMIT	s		
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,00 \$ 100,	0,000.00	
CLAIMS-MADE CCCUR			123456789		01/01/20	01/01/21	PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5,00		
Broad Form Property Damage	X	X	123430709		01/01/20	01/01/21	PERSONAL & ADV INJURY		0,000.00	
Blanket Contractual							GENERAL AGGREGATE	\$ 2,00	0,000.00	
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ 2,00	0,00.00	
POLICY PRO- JECT LOC							COMBINED SINGLE LIMIT	\$		
AUTOMOBILE LIABILITY							(Ea accident) BODILY INJURY (Per person)	\$ 1,000 \$	0,000.00	
ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$		
AUTOS							(i el accident)	\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION\$	-						INC CTATH OTH	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							WC STATU- TORY LIMITS ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS BEIOW							E.E. DIGLAGE - FOLICT LIWIT	Ψ		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE					•			IC ANIE	`	
THE STATE OF RHODE ISLAND IS NAMED AS ADDITIONAL INSURED ON A PRIMARY AND NON-CONTRIBUTORY BASIS AND SUBROGATION IS WAIVED FOR THE ADDITIONALLY INSURED AS REQUIRED BY WRITTEN AGREEMENT UNDER A PERMIT AS A VENDOR OF BOUNCE HOUSE AND RELATED INFLATABLE DEVICE USE ON DEM PROPERTIES.										
CERTIFICATE HOLDER					CANCELLATION					
STATE OF RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT 235 PROMENADE STREET PROVIDENCE, RI 02908					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
I NO VIDENOE, NI 02300										

AUTHORIZED REPRESENTATIVE

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