

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
Issue date

PRODUCER XYZ Insurance Agency	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.	
INSURED The Service Provider (legal name as appears on application)	INSURERS AFFORDING COVERAGE	NAIC#
	INSURER A: General Liability Co.	
	INSURER B: Automobile Liability Co.	
	INSURER C: Garage Liability Co.	
	INSURER D: Workers Compensation Co.	
	INSURER E: Garagekeepers Company	

COVERAGES

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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY	XXXX	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE	\$ 300,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
B	X	AUTOMOBILE LIABILITY	XXXX	XX/XX/XX	XX/XX/XX	COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000
		<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					
		BODILY INJURY (Per person)				\$	
		BODILY INJURY (Per accident)				\$	
C	X	GARAGE LIABILITY	XXXX	XX/XX/XX	XX/XX/XX	AUTO ONLY - EA ACCIDENT	\$ 300,000
		<input checked="" type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$ 300,000
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				AGG	\$ 300,000
D		EXCESS/UMBRELLA LIABILITY	XXXX	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				AGGREGATE	\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below					
		WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER				E.L. EACH ACCIDENT	\$ 100,000
						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
E		OTHER	XXXX	XX/XX/XX	XX/XX/XX	Garage Keepers	\$ 100,000
		Garage Keepers				On Hook	\$ 100,000
		On Hook & Cargo				Cargo	\$ 50,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

- Towing & Road Service Operations
- Garage Keepers Coverage on a Direct, Primary Basis including Comprehensive & Collision
- Applicable Policy Deductibles/Self Insured retention (if any)
- Certificate Holder should be Additional Named Insured to General, Auto, & Garage Liability Policies

CERTIFICATE HOLDER Agero P.O. Box 9139 Medford, MA 02155 Attn.: Agero Network Management Administration	ADDITIONAL INSURED; INSURER LETTER: _____
CANCELLATION	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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	