

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
04/06/05

PRODUCER
I Sell Insurance Company
P. O. Box 1234
Anytown, USA 12345
(123) 456-7890

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.

COMPANIES AFFORDING COVERAGE

INSURED
I Manage Boats, Inc.
P. O. Box 1234
Madison, WI 12345

COMPANY A	XYZ's Group Insurance of USA
COMPANY B	ABC National Insurers
COMPANY C	State Worker's Insurance Company
COMPANY D	Out-to-Sea Vessel Insurance Carriers

Commercial General Liability may ONLY be written by a United States company.

[Attachment B, specific to the type of Permit] Product/Completed Operations is required. If not included here, must be provided for under a separate Certificate.

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THESE POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	XXX123456789AB	1/12/05	1/12/06	GENERAL AGGREGATE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS MADE				PERSONAL & ADV INJURY	\$ 1,000,000	
	<input type="checkbox"/> OWNER'S & CONTRACTOR				Auto (fire)	\$ 500,000	
A	AUTOMOBILE LIABILITY	XXX123456789AB	1/12/05	1/12/06	PERMIT	\$ 300,000	
	<input checked="" type="checkbox"/> ANY AUTO						
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						
A	GARAGE LIABILITY	XXX123456789AB	1/12/05	1/12/06	AUTO ONLY - EA ACCIDENT	\$	
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY	\$	
					EACH ACCIDENT	\$	
					AGGREGATE	\$	
B	EXCESS LIABILITY	XXX123456789AB	1/12/05	1/12/06	EACH OCCURRENCE	\$ 1,000,000	
					AGGREGATE	\$ 1,000,000	
						\$	
C	OTHER: WATERCRAFT LIABILITY OWNED, NON-OWNED AND HIRED	DDDD12345NMOP	1/12/05	12/06	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER	
					EL EACH ACCIDENT		\$
					EL DISEASE - POLICY LIMIT		\$
					EL DISEASE EACH EMPLOYEE		\$
D	OTHER: WATERCRAFT LIABILITY OWNED, NON-OWNED AND HIRED	DDDD12345NMOP	1/12/05	12/06	PROPERTY DAMAGE	\$ 300,000	
							\$

Certificate MUST contain a policy number. Binders are NOT acceptable.

[Attachment B, specific to the type of Permit] Comprehensive General Liability minimum is per occurrence.

Commercial Automobile Liability per occurrence is \$300,000 or state minimum (based on Gross Vehicle Weight), whichever is greater.

Certificate MUST show coverages for owned, non-owned and hired automobiles and if applicable, watercraft. (See "OTHER:" below).

All Certificates MUST include as additional insured: National Park Service, Apostle Islands National Lakeshore Attn: Commercial Use Authorization Manager 415 Washington Avenue Bayfield, Wisconsin 54814

Certificate MUST show the exact description of the services authorized under the permit.

Certificate should show a note regarding additional insured and if applicable, commercial watercraft liability.

DESCRIPTIONS OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Certificate Holder is additional Insured. RE: Water transportation and towing services. Commercial watercraft liability is included.
OFFICE LOCATION: 123 SOUTH STREET, Madison, WI 12345

CERTIFICATE HOLDER **ADDITIONAL INSURED: INSURER LETTER** **CANCELLATION**

National Park Service, Apostle Islands National Lakeshore
Attn: Commerical Use Authorization Manager
415 Washington Avenue
Bayfield, Wisconsin 54814

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

AUTHORIZED REPRESENTATIVE

Certificate MUST contain a 30-day cancellation clause, and MUST be signed by an insurance company representative.

(Figure 1)