

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.

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

COMPANIES AFFORDING COVERAGE	
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

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 THE POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE TERMS, EXCLUSIONS AND CONDITIONS OF THE 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				Other: \$ 1,000,000
A	AUTOMOBILE LIABILITY	XXX123456789AB	1/12/05	1/12/06	AGGREGATE: \$ 300,000
	<input checked="" type="checkbox"/> ANY AUTO				Other: \$ 500,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				Other: \$ 5,000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				Other: \$ 5,000
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				EACH OCCURRENCE: \$ 1,000,000
					AGGREGATE: \$ 1,000,000
C				12/06	WC STATUTORY LIMITS: \$
					EL EACH ACCIDENT: \$
					EL DISEASE - POLICY LIMIT: \$
					EL DISEASE EACH EMPLOYEE: \$
D	OTHER:	DDDD12345NMOP		12/06	300,000
	<input checked="" type="checkbox"/> WATERCRAFT LIABILITY				
	<input checked="" type="checkbox"/> OWNED, NON-OWNED AND HIRED				

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
United States of America National Park Service, Park Unit Attn: Your Name 415 Washington Avenue Bayfield, Wisconsin 54814		<p>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</p> <p>AUTHORIZED REPRESENTATIVE</p>

(Figure 1)