

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 BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING AND 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, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
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 - COM/PROP AGG			\$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE				PERSONAL & ADV INJURY			\$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR				BODILY INJURY (Per person)			\$ 1,000,000
					BODILY INJURY (Per accident)			\$ 500,000
					PROPERTY DAMAGE			\$ 5,000
A	AUTOMOBILE LIABILITY	XXX123456789AB	1/12/23	1/12/24	COMBINED SINGLE LIMIT			\$ 300,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)			
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)			
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE			
	<input checked="" type="checkbox"/> HIRED AUTOS							
	<input checked="" type="checkbox"/> NON-OWNED AUTOS							
GARAGE LIABILITY								
<input type="checkbox"/> ANY AUTO								
B	EXCESS LIABILITY				EACH OCCURRENCE			\$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE			\$ 1,000,000
C	WORKERS' COMPENSATION	4ABC		12/06	<input checked="" type="checkbox"/> WORKERS' COMPENSATION			
					OTHER			
					EL EACH ACCIDENT			\$
					EL DISEASE - POLICY LIMIT			\$
					EL DISEASE EACH EMPLOYEE			\$
D	OTHER	DDDD12345NMOP		12/0	PROPERTY DAMAGE			\$ 300,000
	<input checked="" type="checkbox"/> WATERCRAFT LIABILITY							
	<input 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		<input checked="" type="checkbox"/> ADDITIONAL INSURED: INSURER LETTER		CANCELLATION				
United States of America US Department of Interior National Park Service 1401 National Park Drive Manteo, NC 27954		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)