

# 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  
City, 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

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

**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 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, 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"/> 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
					Auto (non)	\$ 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	
A	GARAGE LIABILITY				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	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
					EL EACH ACCIDENT	\$
					EL DISEASE - POLICY LIMIT	\$
					EL DISEASE EACH EMPLOYEE	\$
D	OTHER:			12/06		

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.

All Certificates MUST include as additional insured:  
United States of America  
National Park Service,  
San Juan National Historic Site  
501 Calle Norzagaray  
San Juan, PR 00901

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

Certificate should show a note regarding additional insured.

DESCRIPTIONS OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
Certificate Holder is additional Insured.

<b>CERTIFICATE HOLDER</b>	<input checked="" type="checkbox"/>	<b>ADDITIONAL INSURED: INSURER LETTER</b>	<b>CANCELLATION</b>
United States of America National Park Service, San Juan National Historic Site 501 Calle Norzagaray San Juan, PR 00901		<p><b>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</b></p> <p>AUTHORIZED REPRESENTATIVE</p>	

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

(Figure 1)