

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

Commercial 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"/> 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				fire)	\$ 500,000	
					on)	\$ 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 type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE		
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	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	
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 1,000,000	
						\$	
C	WORKERS COMPENSATION	4ABC		12/06	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER	
					EL EACH ACCIDENT	\$	
					EL DISEASE - POLICY LIMIT	\$	
					EL DISEASE EACH EMPLOYEE	\$	
D	OTHER:	DDDD12345NMOP		12/06		\$ 300,000	
	<input checked="" type="checkbox"/> WATERCRAFT LIABILITY				BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED, NON-OWNED AND HIRED				(Per accident)	\$	
					PROPERTY DAMAGE	\$	

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

Comprehensive General Liability minimum is per occurrence.

Certificate must show the following as the additionally insured.

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

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 <input checked="" type="checkbox"/>	CANCELLATION
United States of America Department of the interior National Park Service 1 Baxter Way Suite 180 Westlake Village, CA 91362		<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>

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

(Figure 1)