

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

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

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

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 <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT	XXX123456789AB	1/12/05	1/12/06	GENERAL AGGREGATE	
					\$ 1,000,000	
					PERSONAL & ADV INJURY	\$ 1,000,000
					EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 500,000
					MED EXP (Any one person)	\$ 5,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	XXX123456789AB	2/23	1/12/24	COMBINED SINGLE LIMIT	
					BODILY INJURY (Per person)	
					BODILY INJURY (Per accident)	
					PROPERTY DAMAGE	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY – EA ACCIDENT	
					OTHER THAN AUTO ONLY	
					EACH ACCIDENT	\$
					AGGREGATE	\$
B	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	
					AGGREGATE	
						\$
C	WORKERS COMPENSATION AND EMPLOYEES' LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
					<input type="checkbox"/> OTHER	
					EL EACH ACCIDENT	\$
					EL DISEASE – POLICY LIMIT	\$
D	OTHER:				EL DISEASE EACH EMPLOYEE	
						\$
					BODILY INJURY (Per person)	\$
					(Per accident)	\$
PROPERTY DAMAGE \$						

DESCRIPTIONS OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The United States of America is an additional Insured.

CERTIFICATE HOLDER

ADDITIONAL INSURED: INSURER LETTER

United States of America
Yosemite National Park
Commercial Use Office
5037 Stroming Rd
Mariposa, CA 95338

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED

[Redacted Signature Area]

AUTHORIZED REPRESENTATIVE

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

(Figure 1)