

ACORD®	
ACOND	

PRODUCER

Sinsureon

ACORD 25 (2014/01)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

FAX (A/C, No):

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Insureon, Division of Specialty Program Group, LLC

PHONE

(A/C, No, Ext): E-MAIL ADDRESS:

203 N. LaSalle Street, 20th Floor, Chicago, IL 60601				INS	NAIC #		
INSU	DED			INSURER A :			
INSU	KED			INSURER B :			
				INSURER C :			
				INSURER D :			
				INSURER E :			
				INSURER F :			
	VERAGES CERTIFY THAT THE POLICIES		NUMBER:	VE DEEN ISSUED TO		REVISION NUMBER:	HE DOLLOV DEDIOD
	DICATED. NOTWITHSTANDING ANY RE						
	ERTIFICATE MAY BE ISSUED OR MAY I	,					O ALL THE TERMS,
INSR LTR	KCLUSIONS AND CONDITIONS OF SUCH	ADDL SUBR		POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	
						EACH OCCURRENCE DAMAGE TO RENTED	\$
	CLAIMS-MADE OCCUR					PREMISES (Ea occurrence)	\$
^						MED EXP (Any one person)	\$
Α						PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$
	OTHER:					COMBINED SINGLE LIMIT	\$
	AUTOMOBILE LIABILITY					(Ea accident)	\$
	ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per person)	\$
	AUTOS SCHEDULED AUTOS NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE	
	HIRED AUTOS AUTOS					(Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION \$					1050	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (ACORD	101, Additional Remarks Schedu	lle, may be attached if mor	e space is requir	red)	
CERTIFICATE HOLDER				CANCELLATION			
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
				AUTHORIZED REPRESENTATIVE			
				@ 10	22 2011 100		All rights recogned

Call (800) 688-1984 8 a.m. - 5:30 p.m. CT Monday - Friday

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