

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
Issue date

PRODUCER

XYZ Insurance Agency

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.

INSURERS AFFORDING COVERAGE

NAIC#

INSURED

The Service Provider
(legal name as appears on application)

INSURER A: General Liability Co.
INSURER B: Automobile Liability Co.
INSURER C: Garage Liability Co.
INSURER D: Workers Compensation Co.
INSURER E: Garagekeepers Company

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR. LTR.	ADD'L. INSRD.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	XXXX	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ 300,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 300,000 PRODUCTS - COMP/OP AGG \$ 300,000
B	X	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS	XXXX	XX/XX/XX	XX/XX/XX	COMBINED SINGLE LIMIT (EA OCCURRENCE) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	X	GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	XXXX	XX/XX/XX	XX/XX/XX	AUTO ONLY - EA ACCIDENT \$ 300,000 OTHER THAN AUTO ONLY EA ACC \$ 300,000 AGG \$ 300,000 EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
D		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROFESSIONAL OR EXECUTIVE OFFICERS/DIRS ENCLOSED? If yes, describe in SPECIAL PROVISIONS below	XXXX	XX/XX/XX	XX/XX/XX	<input checked="" type="checkbox"/> WC STAT. TORY LIMITS <input checked="" type="checkbox"/> OTH. PR. EL EACH ACCIDENT \$ 100,000 EL DISEASE - EA EMPLOYEE \$ 100,000 EL DISEASE - POLICY LIMIT \$ 500,000
E		OTHER Garage Keepers On Hook & Cargo	XXXX	XX/XX/XX	XX/XX/XX	Garage Keepers \$ 100,000 On Hook \$ 100,000 Cargo \$ 50,000

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, EXCLUSIONS ADDED BY ENDORSEMENT, SPECIAL PROVISIONS

- Towing & Road Service Operations
- Garage Keepers Coverage on a Direct, Primary Basis including Comprehensive & Collision
- Applicable Policy Deductibles/Self Insured Retention (if any)
- Certificate Holder should be Additional Named Insured to General, Auto, & Garage Liability Policies

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER	CANCELLATION
Agero P.O. Box 9139 Medford, MA 02155 Attn: Agero Network Management Administration		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE