# CERTIFICATE OF LIABILITY INSURANCE

ACORD®

DATE (MM/DD/YYYY)

| PRODUCER | THIS CERTIFICATION 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. | |
|---|---|---|
| AGENT ADDRESS CITY STATE ZIP CODE | | |
| A | INSURERS AFFORDING COVERAGE | NAIC # |
| INSURED | INSURER A: | |
| BUSINESS NAME . LICENSEE NAME LIC # TACL | INSURER B: | |
| DBA NAME | INSURER C: | |
| ADDRESS | INSURER D: | |
| CITY STATE ZIP CODE | INSURER E: | |

## 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.

| INSR LTR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | | |
|---|---|---|---|---|---|---|---|---|
| | | **GENERAL LIABILITY** | POLICY # | DATE | DATE | EACH OCCURRENCE | $ | COVERAGE |
| | | X COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ | |
| | | ☐ CLAIMS MADE ☐ OCCUR | | | | MED EXP (Any one person) | $ | |
| | | | | | | PERSONAL & ADV INJURY | $ | |
| | | | | | | GENERAL AGGREGATE | $ | COVERAGE |
| | | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PRODUCTS - COMP/OP AGG | $ | COVERAGE |
| | | X POLICY ☐ PRO-JECT ☐ LOC | | | | | $ | |
| | | **AUTOMOBILE LIABILITY** | | | | COMBINED SINGLE LIMIT (Ea accident) | $ | |
| | | ☐ ANY AUTO | | | | | | |
| | | ☐ ALL OWNED AUTOS | | | | BODILY INJURY (Per person) | $ | |
| | | ☐ SCHEDULED AUTOS | | | | | | |
| | | ☐ HIRED AUTOS | | | | BODILY INJURY (Per accident) | $ | |
| | | ☐ NON-OWNED AUTOS | | | | | | |
| | | | | | | PROPERTY DAMAGE (Per accident) | $ | |
| | | **GARAGE LIABILITY** | | | | AUTO ONLY - EA ACCIDENT | $ | |
| | | ☐ ANY AUTO | | | | OTHER THAN EA ACC | $ | |
| | | | | | | AUTO ONLY: AGG | $ | |
| | | **EXCESS / UMBRELLA LIABILITY** | | | | EACH OCCURRENCE | $ | |
| | | ☐ OCCUR ☐ CLAIMS MADE | | | | AGGREGATE | $ | |
| | | | | | | | $ | |
| | | ☐ DEDUCTIBLE | | | | | $ | |
| | | ☐ RETENTION $ | | | | | $ | |
| | | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **Y / N** (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below | | | | ☐ WC STATU-TORY LIMITS ☐ OTH-ER | | |
| | | | | | | E.L. EACH ACCIDENT | $ | |
| | | | | | | E.L. DISEASE - EA EMPLOYEE | $ | |
| | | | | | | E.L. DISEASE - POLICY LIMIT | $ | |
| | | **OTHER** | | | | | | |

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

**LICENSEE NAME, LIC #**

| CERTIFICATE HOLDER | CANCELLATION |
|---|---|
| | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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 **AGENT NAME**      **SIGNATURE** |

ACORD 25 (2009/01)

1001486 132849.3 04-06-2009