SAMPLE CERTIFICATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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.

tŀ	MPORTANT: If the certificate holder ne terms and conditions of the policy ertificate holder in lieu of such endors	cert	tain p								
_	DUCER		-(-/		CONTA NAME:	СТ					
INSURED MUST BE THE SAME NAME AS ON THE SUBCONTRACT/PURCHASE CONTRACT						NAME: PHONE					
						INSURER(S) AFFORDING COVERAGE					
						INSURER A:					
						INSURER B :/					
						ERC:					
						INSURER D :					
						INSURER E :					
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
IN C E	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REFITED OR MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REME FAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE I	OF AN ED BY	Y CONTRACT THE POLICIES EDUCED BY P	OR OTHER I DESCRIBEI AID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
	GENERAL LIABILITY							EACH OCCURRENCE	\$ 2,	000,000	
Α	COMMERCIAL GENERAL LIABILITY			1				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	CLAIMS-MADE X OCCUR	X	X					MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$ 1	,000,000	
								GENERAL AGGREGATE	\$ 2,	,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ 2,	000,000	
	POLICY X PRO- JECT X LOC								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 2,	,000,000	
Α	X ANY AUTO	X	$ \mathbf{x} $					BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	AUTOS AUTOS HIRED AUTOS X HIRED AUTOS X AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (PER ACCIDENT)	\$		
									\$		
В	UMBRELLA LIAB X OCCUR		X	Umbrella coverage can be u				EACH OCCURRENCE	\$		
	X EXCESS LIAB CLAIMS-MADE	SS LIAB CLAIMS-MADE X		difference in General and		I I	cover the	AGGREGATE	\$		
	DED RETENTION \$			shortfall for Emp Liab Co	verage			I MC CTATH OTH	\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							X WC STATU- TORY LIMITS OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		State of Michigan & Othe	rs			E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)			Ohio Stop Gap				E.L. DISEASE - EA EMPLOYEE		1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
3	Professional/Pollution Liability limits a only if marked as required on insuran	1	1.	,							
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES ((Attach	ACORD 101, Additional Remarks	Schedu	le, if more space i	s required)				
and com	dolph Libbe Inc. and its affiliates, GEM In others as required by written contract a apleted operations. Waiver of Subrogation of the insure the properties of the insure the contract to the limits of the	re na on sh	med a	as additional insured on a Fight	Primary ired an	and Non-Cor d additional in	tributory bas	is to all lines of insurance	cove	rage including	
CF	RTIFICATE HOLDER				CANO	CELLATION					
Rudolph Libbe Inc. 6494 Latcha Road						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Walbridge, OH 43465						AUTHORIZED REPRESENTATIVE					