



# Sample Insurance Certificate

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
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.

**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).

<b>PRODUCER</b>  <b>ABC Insurance Services</b> ← <b>Insurance Agency Servicing Your Policy</b> 1234 First Street Not Your Town, CA 12345	<b>CONTACT NAME:</b> Account Representative Name At Agency	
	<b>PHONE (A/C. No. Ext):</b> ###-###-####	<b>FAX (A/C. No.):</b> ###-###-####
	<b>E-MAIL ADDRESS:</b> EMAIL of Contact at Agency	
<b>INSURED</b>  <b>Production Company USA</b> ← <b>Production Company Being Insured (Needs to Match name on the rental agreement)</b> 5678 Second Street Your Town, CA 12345	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Insurance Carrier Name	<b>NAIC #</b> ####
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b> Name of the Insurance Carrier	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<b>GENERAL LIABILITY</b>			111111	Mm/dd/yyyy	Mm/dd/yyyy	GENERAL AGGREGATE <b>\$1,000,000</b>		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						Policy must have a minimum of these limits	PRODUCTS - COM/OP AGG <b>\$1,000,000</b>	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR							PERSONAL & ADV INJURY <b>\$1,000,000</b>	
								EACH OCCURRENCE <b>\$1,000,000</b>	
								FIRE DAMAGE (Any one fire) <b>\$50,000</b>	
								MED EXP (Any one person) <b>\$5,000</b>	
A	<b>AUTOMOBILE LIABILITY</b>			111115	Mm/dd/yyyy	Mm/dd/yyyy	COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b>		
	<input type="checkbox"/> ANY AUTO						← <b>If renting a vehicle, this section must be completed</b>	BODILY INJURY (Per persn) \$	
	<input type="checkbox"/> ALL OWNED AUTOS							SCHEDULED AUTOS	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTO							NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) <b>\$Must be at least the replacement cost of the vehicle rented</b>
									\$
									\$
				\$					
A	<b>UMBRELLA LIAB</b>			111114	Mm/dd/yyyy	Mm/dd/yyyy	EACH OCCURRENCE \$		
	<b>EXCESS LIAB</b>						AGGREGATE \$		
	DED	RETENTION \$						\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						← <b>If your company has employees, this section must be completed</b>	WC STATUTORY LIMITS	OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A	E L EACH ACCIDENT <b>\$1,000,000</b>						
If yes, describe under DESCRIPTION OF OPERATIONS below.			E L DISEASE - EA EMPLOYEE <b>\$1,000,000</b>						
			E L DISEASE - POLICY LIMIT <b>\$1,000,000</b>						
A	<b>Inland Marine Equipment Floater (Equipment Coverage)</b>			1111112	Mm/dd/yyyy	Mm/dd/yyyy	Miscellaneous Rented Equipment <b>\$ Total Replacement Cost of equipment being rented</b> Deductible <b>\$No more than \$5,000</b>		

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
The certificate holder is named as loss payee and additional insured.  
Miscellaneous Equipment does NOT include an Unattended or Unlocked Vehicle Exclusion.

<b>CERTIFICATE HOLDER</b>  <b>Birns &amp; Sawyer, Inc</b> 3039 Roswell St. Los Angeles, CA 90065	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  <i>Signature of Licensed Representative</i>