

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/01/2017

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). CONTACT NAME: John Doe PHONE (AIC. No. Ext): 402 111 1111 E-MAIL Insurance of America FAX (A/C, No): 402 111 1112 PO Box 1 ADDRESS Somewhere, NE 66666 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Nationwide Insurance INSURED INSURER B : Joe & Jane Smith PO Box 2 INSURER C: Sunshineville, NE 68889 INSURER D : INSURER E INSURER F : 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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS GENERAL LIABILITY **EACH OCCURRENCE** \$ 1,000,000 COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occurrence) X 5 CLAIMS-MADE OCCUR MED EXP (Any one person) 5,000 X A Liability Insurance HOA 123456789 06/06/2017 06/06/2018 PERSONAL & ADV INJURY S GENERAL AGGREGATE S GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ PRO-JECT POLICY AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) HIRED AUTOS PROPERTY DAMAGE AUTOS (Per accident \$ **UMBRELLA LIAB** OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ (Mandatory In NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under
DESCRIPTION OF OPERATIONS below S E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required) The Undersigned Renter further agrees to provide a certificate of insurance for the aforesald liability coverages with a \$1,000,00.00 minimum limit(s), including Additional Insured Endorsement naming and in favor of the City of Humphrey, Nebraska. Renter is not insured by the City. On the following dates of July 4, 2017 through July 5,2017. (The dates need to be adjusted for the time the insured will be occupying the Humphrey Community Center). CERTIFICATE HOLDER CANCELLATION City of Humphrey SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN PO Box 486 ACCORDANCE WITH THE POLICY PROVISIONS. Humphrey, NE 68642 **AUTHORIZED REPRESENTATIVE**