

SAMPLE

ACORD	CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YYYY) 3/10/2009
PRODUCER White Insurance Agency 9292 Tundra Lane La Crosse, WI 54601	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.	
	INSURED ABC Construction, Inc. 1313 Mockingbird Lane La Crosse, WI 54601	INSURERS AFFORDING COVERAGE INSURER A: Cincinnati Insurance INSURER B: Employers Mutual Companies INSURER C: INSURER D: INSURER E:
	INSURERS AFFORDING COVERAGE NAIC #	

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 DOCUMENTS 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	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owner/Cont Prot. _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	CPP 0735781	07/28/08	07/28/09	EACH OCCURRENCE	\$1,000,000
		DAMAGE TO RENTED PREMISES (ea. Occurrence)				\$100,000	
		MED EXP (Any one person)				\$5,000	
		PERSONAL & ADV INJURY				\$1,000,000	
		GENERAL AGGREGATE				\$2,000,000	
		PRODUCTS - COMP/OP AGG				\$2,000,000	
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS _____	CAP 5463646	07/28/08	07/28/09	COMBINED SINGLE LIMIT (Ea. Accident)	\$500,000
		BODILY INJURY (Per Person)				\$	
		BODILY INJURY (Per Accident)				\$	
		PROPERTY DAMAGE (Per Accident)				\$	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY:	EA ACC \$ AGG \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$0	CCC 4487852	07/28/08	07/28/09	EACH OCCURRENCE	\$2,000,000
		AGGREGATE				\$	
						\$	
						\$	
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	2H9 34 42-04	07/28/08	07/28/09	WC STATUTORY LIMITS	X OTHER
		E.L. EACH ACCIDENT				\$500,000	
		E.L. DISEASE-EA EMPLOYEE				\$500,000	
		E.L. DISEASE - POLICY LIMIT				\$500,000	
		OTHER					

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

ADDITIONAL INSURED IS DIOCESE OF LA CROSSE, BISHOP WILLIAM CALLAHAN AND _____ (INSERT NAME OF PARISH)

CERTIFICATE HOLDER

Diocese of La Crosse
 ATTN: Finance Office
 P.O. Box 4004
 La Crosse, WI 54602-4004

& Insert Name of Parish
 Insert Parish Address

CANCELLATION

Should any of the above-described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligations or liability of any kind up the company or its agents or representatives.