



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/03/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS ON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE PROVIDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE 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 to provide coverage. Policies may require an endorsement. A statement of coverage is **WAIVED**, subject to the terms and conditions of the policy. This certificate does not confer rights to the certificate holder in lieu of the policy.

<b>PRODUCER</b> ACME Insurance Agency 123 Agent Street Anywhere, NH 03400	<b>CONTACT NAME:</b> Insurance Agent's Name <b>PHONE (A/C, No, Ext):</b> (561) 123-4567 <b>E-MAIL ADDRESS:</b> insuranceagent@insuranc	<b>INSURER(S) AFFORDING</b> INSURER A : Best Insurance of NH INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	891-1234 NAIC # 0123
	<b>INSURED</b> ABC Company 999 Policyholder Avenue Anytown, NH 03400		

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH THIS CERTIFICATE MAY BE APPLICABLE, THE COVERAGE PROVIDED BY THE POLICIES LISTED HEREIN IS SUBJECT TO THE EXCLUSIONS AND LIMITS OF EACH POLICY. THIS CERTIFICATE HAS BEEN REPRODUCED FROM THE ORIGINAL POLICY.

INSR LTR	GENERAL	ADDITIONAL INSURED	CERTIFICATE NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	GL1234567	01/01/16	01/01/17	EACH OCCURRENCE \$ 2,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	BA27582	01/01/16	01/01/17	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$      RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	WC94155	01/01/16	01/01/17	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 100,000.00 E.L. DISEASE - EA EMPLOYEE \$ 500,000.00 E.L. DISEASE - POLICY LIMIT \$ 100,000.00

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Town of Jupiter named as "Additional Insured" , event date (Saturday, December 5, 2015).  
 Town of Jupiter "Additionally Insured" for all events held at Town Facilities for the effective policy dates on this COI.

<b>CERTIFICATE HOLDER</b> Town of Jupiter 210 Military Trail Jupiter, FL 33458	<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. AUTHORIZED REPRESENTATIVE
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