

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).

this certificate does not comer rights to the certificate holder in ned of s	
PRODUCER	CONTACT NAME:
INICHE ANICE COMPANY	PHONE FAX
INSURANCE COMPANY	E-MAIL
ADDRESS / CONTACT INFORMATION	ADDRESS:
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A :
INSURED	INSURER B : COMMERCIAL GENERAL
	LIADULTY MAY ONLY DE
APPLICANT / CONTRACTOR PERFORMING WORK	
ALL FIGARITY CONTINUE FOR THE ORIGINAL WORK	INSURER D: WRITTEN BY A UNITED
	INSURER E: STATES COMPANY
OCCUPACIO OFFICIONES NUMBER	INSURER E
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 INSUBANCE 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 SUBBLINSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS
X COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE \$1,000,000 MINIMUM
CLAIMS-MADE X OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$
CEALING WASE A GOOTT	START END MED EXP (Any one person) \$
	I DATE I DATE I
OF AN ACCORD ATT LIMIT ADDUCTS DED	
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO- LOC	
	PRODUCTS - COMP/OP AGG \$
OTHER: AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT
	(Ea accident)
ANY AUTO OWNED SCHEDULED	BODILY INJURY (Per person) \$
AUTOS ONLY AUTOS NON-OWNED	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE
AUTOS ONLY AUTOS ONLY	(Per accident)
	\$
UMBRELLA LIAB OCCUR	EACH OCCURRENCE \$
EXCESS LIAB CLAIMS-MADE	AGGREGATE \$
DED RETENTION\$	\$
WORKERS COMPENSATION	PER OTH- STATUTE ER
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y / N	E.L. EACH ACCIDENT \$
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	E.L. DISEASE - EA EMPLOYEE \$
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$
BESSTILL HONOL OF ELIVITIONS SOLOW	
DESCRIPTION OF OPENATIONS A CONTINUE OF A CO	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE SHALL SHOW THE EXACT DESCRIPTION OF THE SERVICES AUTHORIZED	
UNDER THE PERMIT AND SHALL SHOW A NOTE RI	
CERTIFICATE HOLDER CANCELLATION	
CENTILIDATE NOEDEN	OANOELLATION
WAYNE COUNTY P.O. BOX 463	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CORYDON, IOWA 50060	AUTHORIZED REPRESENTATIVE
	SIGNED BY AN INSURANCE COMPANY REPRESENTATIVE