



SAMPLE CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/01/2022

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).

PRODUCER AM Best Insurance Company 123 United States Way Monrovia, CA 91016	CONTACT NAME: Jane Doe PHONE (A/C, No, Ext): (626) 123-4567 FAX (A/C, No): (888) 123-4567 E-MAIL ADDRESS: janedoe@ambestinsuranceco.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Travelers Insurance Company 12345 INSURER B: State Compensation Fund 78910 INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Business Name Street Address City, State Zip Code	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	X	X	001-002-003-004	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000	
							MED EXP (Any one person) \$ 5,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:				MINIMUM \$1,000,000 POLICY REQUIREMENT				GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	AUTOMOBILE LIABILITY			123-INS-456-001	01/01/2022	01/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
				MINIMUM \$1,000,000 POLICY REQUIREMENT				\$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			ABC-000-123-01	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						E.L. EACH ACCIDENT \$ 1,000,000	
	DED RETENTION \$						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				MINIMUM \$1,000,000 POLICY REQUIREMENT				E.L. DISEASE - POLICY LIMIT \$ 1,000,000
VALID POLICY DATES								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CITY OF MONROVIA IS INCLUDED AS ADDITIONAL INSURED AS REQUIRED BY WRITTEN CONTRACT, CG2010 AND CG2037 (OR EQUIVALENT) FORMS

"ADDITIONAL INSURED AND GENERAL LIABILITY ENDORSEMENT" IS ATTACHED

Attachments: Additional Insured / Waiver of Subrogation / Primary, Non-contributory / Notice of Cancellation

CERTIFICATE HOLDER City of Monrovia 415 South Ivy Avenue Monrovia, CA 91016	CANCELLATION 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 Jane Doe
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This endorsement changes the policy. Please read it carefully.

ADDITIONAL INSURED – PRIMARY AND YOUR WORK

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name of Person or Organization: **City of Monrovia**
415 South Ivy Avenue
Monrovia, CA 91016

(If no entry appears above, information required to complete this endorsement will be shown on the Declarations as applicable to this endorsement.)

A. SECTION II - WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the SCHEDULE, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;
in the performance of your ongoing operations; and/or “your work” defined for the additional insured(s) designated above included in the “products-completed operations hazard.”

B. If you are required by a written contract to provide primary insurance, this policy shall be primary and **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance** does not apply, but only with respect to coverage provided by this policy.

SAMPLE

FOR ADDITIONAL INSURED ENDORSEMENT FORM

**NOTE: THIS SAMPLE IS FOR REFERENCE PURPOSE ONLY.
ENDORSEMENT PAGES WITH DIFFERENT FORMATS ARE ACCEPTABLE.**