APPENDIX B:
COMMON INSURANCE INDUSTRY FORMS

Reproduction of ACORD, Inc. Form

ACORD CER TY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER

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.

INSURERS AFFORDING COVERAGE | NAIC #

INSURER A:
INSURER B:
INSURER C:
INSURER D:
INSURER E:

INSURED

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 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	LIMITS
		GENERAL LIABILITY				
		COMMERCIAL GENERAL LIABILITY				
		CLAIMS MADE / OCCUR				
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC				PERSONAL & ADV INJURY $
						GENERAL AGGREGATE $
						PRODUCTS - COMP/OP AGG $
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT $
		ANY AUTO				
		ALL OWNED AUTOS				BODILY INJURY $
		SCHEDULED AUTOS				
		HIRED AUTOS				BODILY INJURY $
		NON-OWNED AUTOS				
						PROPERTY DAMAGE $
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT $
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC $
						AGG $
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE $
		OCCUR / CLAIMS MADE				AGGREGATE $
						$
		DEDUCTIBLE				
		RETENTION $				
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				$
		If yes, describe under SPECIAL PROVISIONS below				$
		OTHER				$

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

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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1 *This block identifies the Agent or Broker.*

2 *This notice confirms the provisions of the California Insurance Code, §384. Other states have similar provisions. It states that the policy, not the certificate governs coverage.*

3 *The insurer will be identified here. The insurer letter appears again near the left margin at "*3" to show which insurer provides which coverage.*

4 *The insured is your entity's contractor or lessee.*

5 *This notice again states that the policy supersedes the certificate form.*

6 *These sections show the type of coverage provided through the agent or broker identified in "1" above. If the insured uses more than one broker, this certificate will not identify all existing.*

7 *These two columns show inception and expiration dates for policies identified. Pay special attention that coverage does not expire before or during your project or lease.*

8 *This column identifies limits per occurrence and aggregate for each type of coverage afforded. Pay special attention to low aggregate limits for public works-type contractors. Losses on other jobs may reduce your coverage.*

9 *This section will usually be used to restrict coverage to a specific job or lease. Watch for restrictions that would omit the coverage required by your specifications.*

10 *Certificate holder is your entity.*

11 *Cancellation provisions as written guarantees nothing. Some brokers will cross out the words "endeavor to" but this still does not amend the policy.*

12 *The authorized representative of the insurer should be an employee, unless the agent or broker is specifically authorized to sign on behalf of the company.*