

# CERTIFICATE OF LIABILITY INSURANCE SAMPLE

DATE (MM/DD/YYYY)

00/00/0000

PRODUCER (000) 000-0000 FAX

**AGENTS NAME**  
**AGENTS ADDRESS**

**THIS CERTIFICATE IS ISSUED AS A MOTTER 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 #**

**INSURED YOUR COMPANY NAME**  
**YOUR COMPANY ADDRESS**

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

**EAC FOR:**

**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

INSL LTR	ADD'L INSRD	TYPES OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	X	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<b>POLICY #</b>	<b>EFF DATE</b>	<b>EXP DATE</b>	EACH OCCURRENCE           \$ 1,000,000 DAMAGE TO RENTED PREM-ISES (Ea occurrence)   \$ 500,000 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
		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<b>POLICY #</b>	<b>EFF DATE</b>	<b>EXP DATE</b>	COMBINED SINGLE LIMIT (Ea accident)               \$ 1,000,000 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 EA ACC       \$ AUTO ONLY: ACC           \$
		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION           \$ 10,000	<b>POLICY #</b>	<b>EFF DATE</b>	<b>EXP DATE</b>	EACH OCCURRENCE       \$ 1,000,000 AGGREGATE               \$ 1,000,000
		WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	<b>POLICY #</b>	<b>EFF DATE</b>	<b>EXP DATE</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS    \$ <input type="checkbox"/> OTHER                    \$ E.L. EACH ACCIDENT       \$ 1,000,000 E.L. DISEASE-EA EMPLOYEE   \$ 1,000,000 E.L. DISEASE- POLICY LIMIT   \$ 1,000,000

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

**ADDITIONAL INSURED AS RESPECTS LIABILITY PER WRITTEN CONTRACT: Javits Convention Center, Freeman**

**CERTIFICATE HOLDER**

**CANCELLATION**

The National Retail Federation  
1101 New York Ave.  
Washington, D.C, 20005

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE