SAMPLE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 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 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	ONTACT Insurance Agent's Name				
Contractor's INSURANCE COMPANY'S		PHONE (AC, No): (AC, No):			
NAME, ADDRESS		E-MAIL ADDRESS: Email Address			
PHONE and FAX NUMBERS		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A :			
INSURED		INSURER B :			
CONTRACTOR'S NAME / COMPANY		INSURER C :			
ADDRESS		INSURER D :			
PHONE and FAX NUMBERS		INSURER E :			
		INSURER F :			
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 INSR WV	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
GENERAL LIABILITY			,		00,000
COMMERCIAL GENERAL LIABILITY				PREMISES (Ea occurrence) \$ 500	00
CLAIMS-MADE CCUR	Dellas Number	(mm (dd (m))	I man tata tan A	MED EXP (Any one person) \$ 500	0
A X	Policy Number	(mm/dd/yy)	(mm/aa/yy)	PERSONAL & ADV INJURY \$ 1,0	00,000
				GENERAL AGGREGATE \$ 1,0	00,000
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 1,0	00,000
			K	\$	
AUTOMOBILE LIABILITY				(Ea accident) S	
ANY AUTO ALL OWNED SCHEDULED				BODILY INJURY (Per person) \$	
AUTOS AUTOS NON-OWNED	. T A			BODILY INJURY (Per accident) \$ PROPERTY DAMAGE	
HIRED AUTOS				(Per accident)	
	EXA			5	
OCCON				EACH OCCURRENCE \$	
CLAIMD-MADE				AGGREGATE \$	
DED RETENTION \$ WORKERS COMPENSATION WORKERS			WC STATU- OTH- TORY LIMITS ER		
AND EMPLOYERS' LIABILITY				E.L. EACH ACCIDENT \$	
OFFICERMEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required) Specify type of contractor or service, e.g., GENERAL CONTRACTOR, PLUMBING & HEATING / DELIVERY SERVICE The following are hereby named as additional insureds: Rockcliffe Apartments Owners, Inc., Community Management Corp., Specify APARTMENT OWNERS NAMES}, 10 Crestmont Rd., Specify APARTMENT NUMBER, Montclair, NJ 07042 Attn: Eli Turner, Property Manager, Community Management Corp. E:turner@communityservices.com T:973-820-4193					
CERTIFICATE HOLDER CANCELLATION					
Rockcliffe Apartments Owners, Inc. c/o Community Management Corp. 1030 Clifton Avenue Clifton, NJ 07013					

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