



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
XX/XX/XXXX

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 XXX Insurance Agency, Inc. Address	CONTACT NAME: Point of Contact Agent	FAX (A/C, No): (XXX) XXX-XXXX
	PHONE (A/C, No, Ext): (XXX) XXX-XXXX	E-MAIL ADDRESS: Agent e-mail
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: XXX Company		XXXXX
INSURED <b>Operating Company Name w/ dba Operation Name</b> <b>Address</b>	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES      CERTIFICATE NUMBER: xxxxxxxxxxxxxxx      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
X	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		Policy Number	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		Policy Number	xx/xx/xxxx	xx/xx/xxxx	COMBINED SINGLE LIMIT (Ea accident) \$ <b>VARIES</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

The amount of coverage needed is dependent on seating capacity of the largest authorized vehicle, including the driver. See Exhibit C

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

"THE CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED AS RESPECTS TO THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED AS FOR HIRE TRANSPORTATION/LIMOUSINE COMPANY."

OR

"CITY OF SAN JOSE IS AN ADDITIONAL INSURED UNDER AUTO LIABILITY AND GENERAL COMMERCIAL LIABILITY"

<b>CERTIFICATE HOLDER</b>  San Jose Mineta International Airport Airport Operations/Permit Processing 1701 Airport Boulevard Ste B-1130  San Jose      CA 95110	<b>CANCELLATION</b>  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
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# ADDITIONAL INFORMATION

DATE (MM/DD/YY)

PRODUCER

COMPANIES AFFORDING COVERAGE

COMPANY

E

COMPANY

F

INSURED

COMPANY

G

COMPANY

H

TEXT

Name of Additional Insured Entities:

City of San Jose

**SAMPLE**

CERTIFICATE HOLDER



# VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)

VEHICLE DESCRIPTION															
VEH #	YEAR	MAKE:				BODY TYPE:		VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM		
		MODEL:				V.I.N.:		PP	SPEC	COML					
GARAGING ADDRESS		STREET (Required in KY)				CITY		COUNTY			STATE	ZIP			
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW				
											\$				
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L		
<input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM		<input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE		<input type="checkbox"/> LIAB NO-FAULT <input type="checkbox"/> MED PAY UNINS MOTOR			<input type="checkbox"/> FT <input type="checkbox"/> FTW	<input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	<input type="checkbox"/> FG	<input type="checkbox"/> AA <input type="checkbox"/> ST AMT		\$	\$	\$	COLL
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$										
VEH #	YEAR	MAKE:				BODY TYPE:		VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM		
		MODEL:				V.I.N.:		PP	SPEC	COML					
GARAGING ADDRESS		STREET (Required in KY)				CITY		COUNTY			STATE	ZIP			
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW				
											\$				
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L		
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		MODEL:				V.I.N.:		PP	SPEC	COML					
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LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW				
											\$				
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USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L		
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LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW				
											\$				
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