

ACORD™		CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YYYY)
PRODUCER	INSURANCE AGENCY NAME STREET ADDRESS CITY, STATE ZIP CODE	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 #
INSURED	LESSEE NAME STREET ADDRESS CITY, STATE ZIP CODE	INSURER A:	
		INSURER B:	
		INSURER C:	
		INSURER D:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY 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 INSR D	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY	POLICY NUMBER	EFF. DATE	EXP. DATE	EACH OCCURRENCE	
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,000,000
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$
		<input checked="" type="checkbox"/> CONTRACTUAL LIAB.				MED EXP (ANY ONE PERSON)	\$
		GENL AGGREGATE LIMIT APPLIES PER.				PERSONAL & ADV INJURY	\$
		POLICY PROJECT LOC				GENERAL AGGREGATE	\$
			PRODUCTS COMP/OP AGG	\$			
		AUTOMOBILE LIABILITY	POLICY NUMBER	EFF. DATE	EXP. DATE	COMBINED SINGLE LIMIT (EA ACCIDENT)	
		<input checked="" type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (EA ACCIDENT)	\$ 1,000,000
		ALL OWNED AUTOS				BODILY INJURY (PER PERSON)	\$
		SCHEDULED AUTOS				BODILY INJURY (PER ACCIDENT)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (PER ACCIDENT)	\$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		<input checked="" type="checkbox"/> COMPREHENSIVE COLLISION					
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	
		DEDUCTIBLE					
		<input checked="" type="checkbox"/> RETENTION \$					
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.I. EACH ACCIDENT	
						E.I. DISEASE – EA EMPLOYEE	
						E.I. DISEASE – POLICY LIMIT	
		OTHER CONTRACTORS EQUIPMENT or INLAND MARINE	POLICY NUMBER	EFF. DATE	EXP. DATE		

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

CERTIFICATE HOLDER

WAGNER-SMITH EQUIPMENT CO.

3201 ENCRETE LANE

DAYTON, OHIO 45439

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMES 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

EXAMPLE