

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

INS R 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	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (ANY ONE PERSON)	\$
		<input checked="" type="checkbox"/> CONTRACTUAL LIAB.				PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
		GENL AGGREGATE LIMIT APPLIES PER.				PRODUCTS COMP/OP AGG	\$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
		AUTOMOBILE LIABILITY	POLICY NUMBER	EFF. DATE	EXP. DATE	COMBINED SINGLE LIMIT (EAACCIDENT)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON)	\$
		ALL OWNED AUTOS					
		SCHEDULED AUTOS					
		<input checked="" type="checkbox"/> HIRED AUTOS				BODILY INJURY (PER ACCIDENT)	\$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (PER ACCIDENT)	\$
		<input checked="" type="checkbox"/> COMPREHENSIVE COLLISION					
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED?				E.I. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.I. DISEASE – EA EMPLOYEE	\$
						E.I. DISEASE – POLICY LIMIT	\$
		OTHER	POLICY NUMBER	EFF. DATE	EXP. DATE		
		CONTRACTORS EQUIPMENT or INLAND MARINE					

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

CERTIFICATE HOLDER	CANCELLATION
WAGNER-SMITH EQUIPMENT CO.	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.
3201 ENCRETE LANE	
DAYTON, OHIO 45439	AUTHORIZED REPRESENTATIVE

EXAMPLE