

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

	ULK		<u> </u>					01/	01/2017
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).									
PROD	UCER				CONTACT NAME:		· · · · · · · · · · · · · · · · · · ·		
Producer Name and Address					PHONE FAX				
					(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:				
									NAIC #
					INSURER(S) AFFORDING COVERAGE NAIC #				
INSURED					INSURER B : Carrier Name				
Named Insured					INSURER C : Carrier Name				
Address									
Address					INSURER D :				
					INSURER E :				
COVERAGES CERTIFICATE NUMBER:									
					REVISION NUMBER:				
IN CE	DICATED. NOTWITHSTANDING ANY RI RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH		EMEI AIN,	NT, TERM OR CONDITION (THE INSURANCE AFFORDE	OF ANY CONTRACT	OR OTHER D	OCUMENT WITH RESPEC	т то и	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
<u> 1 N</u>	GENERAL LIABILITY	INSR	WVD	I GEROT NORIDER		(mm///////////////////////////////////	EACH OCCURRENCE		00,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300	
							MED EXP (Any one person)	\$ 10,0	
		x	x	ABC12345	01/01/2017	01/01/2018	PERSONAL & ADV INJURY		00,000
							GENERAL AGGREGATE		00,000
				L					00,000
	CEN'L AGGREGATE LIMIT APPLIES PEP POLICY X PRO- JECT L			A R A			S - COMP/OP AGG	\$ 2,0	00,000
			/				COMBINED SINGLE LIMIT		00,000
							BODILY INJURY (Per person)	\$ 1,0	00,000
	ALL OWNED SCHED			ADC 24	01/01/201	01/01/201		৯ \$	
	AUTOS AUTOS NON-OWNED			ABC 34	01/01/2011	01/01/201	BODILY INJURY (Per accident)		
	HIRED AUTOS AUTOS						(Per accident)	\$	
								\$	00.000
		v		400400450	04/04/2047	04/04/0040	EACH OCCURRENCE	<u> </u>	00,000
	EXCESS LIAB CLAIMS-MADE	X	X	ABC123456	01/01/2017	01/01/2018	AGGREGATE		00,000
	DED RETENTION \$						WC STATUL X OTH	\$	
	AND EMPLOYERS' LIABILITY Y / N							Stop	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		ABC12345	01/01/2017	01/01/2018	E.L. EACH ACCIDENT	· ·	00,000
	(Mandatory in NH)	1					E.L. DISEASE - EA EMPLOYEE	\$ 1,0	00,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	4	ļ				E.L. DISEASE - POLICY LIMIT	\$ 1,0	00,00
			1						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Wayne's Roofing Inc, Owner, and all other parties as required by written contract are additional insured and coverage is primary and non-contributory on the general liability, automobile, and excess liability policies per the attached endorsements/forms. Waiver of subrogation applies on the general liability, automobile and excess liability policies per the attached endorsements/forms.									
CERTIFICATE HOLDER					CANCELLATION				
Wayne's Roofing, Inc. PO Box 2287					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Sumner WA 98390					AUTHORIZED REPRESENTATIVE				

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