

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/11/2012

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.

terms and condit		ertair	ı poli	TIONAL INSURED, the pe cies may require an end							
PRODUCER						CONTACT NAME:					
Agency Name					NAME: PHO NE (A/C, No, Ext):						
address					(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:						
city, state, zipcode											
city, state, zipcode						INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A : Name of insurance company					
INSURED Subcontractor/Vendor/Business Name					INSURER B:						
		INSURER C :									
					INSURER D:						
					INSURER E:						
						INSURER F:					
COVERAGES CERTIFIC				E 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			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
GENERAL LIABILITY								EACH OCCURRENCE	\$ 1,00	0,000	
X COMMERCIAL	GENERAL LIABILITY	<u> </u>	<u> </u>					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300.		
CLAIMS-MADE X OCCUR		X	J.					MED EXP (Any one person)			
				POLICY NUMBER	R 09/11/20		09/11/2013	PERSONAL & ADV INJURY	\$ 1,000,000		
								GENERAL AGGREGATE	\$ 2,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:								PRODUCTS - COMP/OP AGG	+		
POLICY PRO-								FRODUCTS - COMPTOR AGG	\$ 2,000,000		
AUTOMOBILE LIABILITY			Promotorio .					COMBINED SINGLE LIMIT	. 4 00	0.000	
<u> </u>			J.					(Ea accident) BODILY INJURY (Per person)	\$ 1,000,000) \$		
ALL OWNED SCHEDULED						ľ		BODILY INJURY (Per accident)			
AUTOS AUTOS NON-OWNED				POLICY NUMBER		09/11/2012	09/11/2013	PROPERTY DAMAGE	\$		
HIRED AUTOS	X AUTOS							(Per accident)			
	_	Annonemen.	- www.www						\$		
UMBRELLA LIAB OCCUR								EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE								AGGREGATE	\$		
DED RETENTION \$									\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								X WC STATU- OTH- TORY LIMITS ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A	POLICY NUMBER		09/11/2012	09/11/2013	E.L. EACH ACCIDENT	\$ 100,	000		
OFFICE/MEMBER EXCLUDED? ((Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below)					E.L. DISEASE - EA EMPLOYEE \$ 100,000		000	
								E.L. DISEASE - POLICY LIMIT	\$ 500,	000	
INSTALLATION FLOATER			J	POLICY NUMBER		09/11/2012	09/11/2013	As per contract requirement or value of good installed			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
The City of Burlington is listed or included as an additional insured with regard to the general liability policy and automobile liability policy, as required by written											
contract or agreement.											
CERTIFICATE L'OL			CANC	CANCELLATION							
CERTIFICATE HOLDER					CANCELLATION						

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE City of Burlington THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN <INSERT DEPT NAME> ACCORDANCE WITH THE POLICY PROVISIONS. 149 Church Street AUTHORIZED REPRESENTATIVE 05401 VT Burlington signature required