

ACORD
T

Certificate of Liability Insurance

REVISED

DATE
(MM/DD/YY)

PRODUCER NAME OF INSURANCE COMPANY/AGENCY ADDRESS CITY, STATE ZIP CODE TELEPHONE NO.		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.			
		COMPANIES AFFORDING COVERAGE			
		COMPANY A	NXYZ Insurance Company Address		
INSURED NAME OF CONTRACTOR ADDRESS CITY, STATE ZIP CODE TELEPHONE NO.		COMPANY B			
		COMPANY C			
		COMPANY D			
COVERAGES 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.					
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input type="checkbox"/> _____	12345	1/1/91	1/1/92	GENERAL AGGREGATE \$1,000,000. PRODUCTS-COMP/OP AGG \$1,000,000. PERSONAL & ADV. INJURY \$1,000,000. EACH OCCURRENCE \$1,000,000. FIRE DAMAGE (any one fire) \$50,000. MED EXP (any one person) \$5,000.
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	12345	1/1/91	1/1/92	COMBINED SINGLE LIMIT \$1,000,000. BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	2468	1/1/91	1/1/92	STATUTORY LIMITS EACH ACCIDENT \$100,000. DISEASE-POLICY LIMIT \$500,000. DISEASE-EACH EMPLOYEE \$100,000.
OTHER IN LIEU OF LIMITS SHOWN ABOVE, LICENSEE MAY SHOW PROOF OF COMPREHENSIVE EXCESS LIABILITY COVERAGE IN CONJUNCTION WITH LOWER LIMITS FOR PUBLIC LIABILITY AND AUTOMOBILE LIABILITY, WHICH TAKEN TOGETHER PROVIDE INSURANCE COVERAGE TO A LIMIT OF \$1,000,000. EACH FOR PUBLIC LIABILITY AND AUTOMOBILE LIABILITY.					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS ALL LOCATIONS, OPERATIONS & VEHICLES					
CERTIFICATE HOLDER CITY OF NEWTON 1700 N. 4TH AVE. W. NEWTON, IA 50208-1926 ATTN: DAVID STEWART			CANCELLATION Class A SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. _____ AUTHORIZED REPRESENTATIVE		