

**ACORD**  
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**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 NXYZ Insurance Company  
A 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	<b>GENERAL LIABILITY</b> <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	\$500,000.
					PRODUCTS-COMP/OP AGG	\$500,000.
					PERSONAL & ADV. INJURY	\$500,000.
					EACH OCCURRENCE	\$500,000.
					FIRE DAMAGE (any one fire)	\$50,000.
					MED EXP (any one person)	\$5,000.
A	<b>AUTOMOBILE LIABILITY</b> <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	\$500,000.
					BODILY INJURY (per person)	\$
					BODILY INJURY (per accident)	\$
					PROPERTY DAMAGE	\$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
A	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>	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**

**CANCELLATION**

CITY OF NEWTON  
1700 N. 4TH AVE. W.  
NEWTON, IA 50208-1926  
ATTN: NEIL GUESS

**Class B**

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