

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) _____

PRIOR TO COMMENCING SERVICES UNDER THIS CONTRACT, THE CONTRACTOR MUST FURNISH THE MEMBER, CERTIFICATION FROM INSURER(S) FOR COVERAGES IN THE MINIMUM AMOUNTS AS STATED BELOW. THE COVERAGES SHALL BE MAINTAINED IN FULL FORCE AND EFFECT DURING THE TERM OF THIS CONTRACT, AND SHALL NOT SERVE TO LIMIT ANY OTHER CONTRACTOR OBLIGATIONS.

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).

PRODUCER	CONTACT NAME: _____	
	PHONE: _____	FAX: _____
	E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE _____	
INSURER A: _____		
INSURER B: _____		
INSURER C: _____		
INSURER D: _____		
INSURER E: _____		
INSURER F: _____		

COVERAGES **CERTIFICATE 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
COMMERCIAL GENERAL LIABILITY	CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$ _____					
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ _____						
	MED EXP (Any one person)						\$ _____						
	PERSONAL & ADV INJURY						\$ _____						
	GENERAL AGGREGATE						\$ _____						
	PRODUCTS – COMP/OP AGG						\$ _____						
	OTHER:						\$ _____						
	GEN'L AGGREGATE LIMIT APPLIES PER:												
	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC												
AUTOMOBILE LIABILITY	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$ _____					
	ALL OWNED AUTOS						SCHEDULED AUTOS	BODILY INJURY (Per person)	\$ _____				
	Hired AUTOS						NON-OWNED AUTOS	BODILY INJURY (Per accident)	\$ _____				
								PROPERTY DAMAGE (Per accident)	\$ _____				
									\$ _____				
	UMBRELLA LIAB						OCCUR CLAIMS-MADE						
	EXCESS LIAB												
	DED						RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY											PER STATUTE	OTHR
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						<input type="checkbox"/>					E.L. EACH ACCIDENT	\$ _____
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	\$ _____						
						E.L. DISEASE-POLICY LIMIT	\$ _____						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES

THE MEMBER SHALL BE ADDED AS ADDITIONAL INSURED AS REQUIRED BY STATUTE, CONTRACT, PURCHASE ORDER OR OTHERWISE REQUESTED. IT IS AGREED THAT ANY INSURANCE AVAILABLE TO THE NAMED INSURED SHALL BE PRIMARY OF OTHER SOURCES THAT MAY BE AVAILABLE. IT IS FURTHER AGREED THAT NO POLICY SHALL EXPIRE, BE CANCELLED OR MATERIALLY CHANGED TO AFFECT THE COVERAGE AVAILABLE TO THE MEMBER WITHOUT THIRTY (30) DAYS WRITTEN NOTICE TO THE MEMBER. THIS CERTIFICATE IS NOT VALID UNLESS COUNTERSIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE INSURANCE COMPANY.

CERTIFICATE HOLDER	CANCELLATION
1GPA 1910 W Washington Street Phoenix, AZ 85009	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE