

SAMPLE

CERTIFICATE OF LIABILITY INSURANCE DATE XX/XX/200__

PRODUCER

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

INSURED

COMPANY
A ABC Insurance Co.
COMPANY
B DEF Insurance Co.
COMPANY
C

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENTS 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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID

Co	Ltr	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY						
	A	COMMERCIAL GENERAL LIABILITY, Including Blanket Contractual Liability, Broad Form Property Damage CLAIMS MADE XX OCCUR OWNER'S & CONTRACTOR'S PROT		XX/XX/200__	XX/XX/200__	GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG. \$1,000,000 PERSONAL & ADV INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one Fire) MED EXP (Any one Person)
AUTOMOBILE LIABILITY						
	A	ANY AUTO XX ALL OWNED AUTOS XX SCHEDULED AUTOS XX HIRED AUTOS XX NON-OWNED AUTOS GARAGE LIABILITY		XX/XX/200__	XX/XX/200__	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE) AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY:
EXCESS LIABILITY						
		UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY						
	B	THE PROPRIETOR/ PARTNERS/EXECUTIVE INCL OFFICERS ARE: INCL		XX/XX/200__	XX/XX/200__	X STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE - POLICY LIMIT \$1,000,000 DISEASE - EACH EMPLOYEE \$1,000,000
OTHER						
		CRIME EMPLOYEE DISHONESTY		(as appropriate) (as appropriate)		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

City and County of San Francisco, its officers, employees and agents are named as Additional Insureds under General Liability and Auto Liability, but only insofar as the operations under contract are concerned. General Liability and Auto Liability are primary insurance to any other insurance available to the Additional Insureds and that insurance applies separately to each insured. Additional Insured Endorsement is attached.

CERTIFICATE HOLDER

City and County of San Francisco
Its Officers, Employees & Agents
Department of Public Health - Contracts
101 Grove Street, Room 307
San Francisco, CA 94102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL **30 DAYS** WRITTEN NOTICE TO THE CERTIFICATE HOLDER.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

SAMPLE

Insured: _____
Policy Number: _____

Effective Date: _____
Expiration Date: _____

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ CAREFULLY

ADDITIONAL INSURED

This Endorsement modifies insurance provided under the following:

GENERAL LIABILITY COVERAGE PART

AUTOMOBILE LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Either of the two statements following will be accepted.

1. CITY AND COUNTY OF SAN FRANCISCO, ITS OFFICERS, AGENTS AND EMPLOYEES
2. ANY PERSON OR ORGANIZATION TO WHOM OR TO WHICH YOU ARE OBLIGATED BY VIRTURE OF A WRITTEN CONTRACT TO PROVIDE INSURANCE SUCH AS IS AFFORDED BY THIS POLICY.

Such insurance as is afforded by this policy is PRIMARY insurance and any other insurance of the Additional Insured will be excess.