

ACORDTM CERTIFICATE OF LIABILITY INSURANCE **DATE (MM/DD/YY)**

PRODUCER <p style="text-align: center;"><u>SAMPLE</u></p> <p>Insurance Broker</p> <p>Address</p> <p>City/State/Zip</p> <p>Phone/Fax</p>	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. Insurers shall be rated a minimum financial size of VII according to the latest edition of the AM Best Rating Guide. An A or better Best Rating is "preferred"; however, other ratings if "Secure Best Ratings" may be considered. <p style="text-align: center;">INSURERS AFFORDING COVERAGE</p>
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INSURED <p>Business Name</p> <p>Address</p> <p>City/State/Zip</p> <p>Phone Number/Fax Number</p>	INSURER A: General Liability Insurance INSURER B: Auto Insurance INSURER C: Worker's Compensation Insurance INSURER D: INSURER E:
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COVERAGES
 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, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS R LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY ___ COMMERCIAL GENERAL LIABILITY ___ CLAIMS MADE <input checked="" type="checkbox"/> OCCUR ___ ___ GEN=L AGGREGATE LIMIT APPLIES PER: ** ___ POLICY ___ PROJECT ___ LOC				EACH OCCURRENCE	\$1,000,000
					FIRE DAMAGE (Any one fire)	\$ 500,000
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$2,000,000
					PRODUCTS - COMP/OP AGG	\$2,000,000
B	AUTOMOBILE LIABILITY ___ ANY AUTO ___ ALL OWNED AUTOS ___ SCHEDULED AUTOS ___ HIRED AUTOS ___ NON-OWNED AUTOS ___				COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY ___ ANY AUTO ___				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC AUTO ONLY: AGG	\$
						\$
	EXCESS LIABILITY ___ OCCUR ___ CLAIMS MADE ___ DEDUCTIBLE ___ RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
C	WORKERS COMPENSATION AND EMPLOYERS= LIABILITY				WC STATUTORY OTHER LIMITS	
					E.L. EACH ACCIDENT	\$500,000
					E.L. DISEASE - POLICY LIMIT	\$500,000
					E.L. DISEASE-EA EMPLOYEE	\$500,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 ** Refer to additional insured endorsement on all liability policies except Workers' Compensation and Professional.
 RE: PD # _____
 Project Name: _____

<p>CERTIFICATE HOLDER Additional Insured: Insurer Letter: _____</p> <p>NAME AND ADDRESS OF CERTIFICATE HOLDER: City of Moreno Valley 14177 Frederick Street Moreno Valley, CA 92553</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.</p>
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