



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/10/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**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).

|                                                                                                              |                                                      |                                                                                                       |                               |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------|
| <b>PRODUCER</b><br><b>Very Best Insurance Agent</b><br><b>123 Main Street</b><br><br><b>Anytown CA 99999</b> | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No. Ext):</b> |                                                                                                       | <b>FAX (A/C, No):</b>         |
|                                                                                                              | <b>E-MAIL ADDRESS:</b>                               |                                                                                                       |                               |
| <b>INSURED</b><br><b>Intelligent Policyholder</b><br><b>555 1st Street</b><br><br><b>Anytown CA 99999</b>    |                                                      | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A: Hartford Casualty Insurance</b>                 | <b>NAIC #</b><br><b>29424</b> |
|                                                                                                              |                                                      | <b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |                               |

### 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          | 73UUUU8690    | 1/1/2012                | 1/1/2013                | EACH OCCURRENCE                           | \$ 1,000,000 |
|          |                                                                                                                                                                                                                                                                                                                                       |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000   |
|          |                                                                                                                                                                                                                                                                                                                                       |           |          |               |                         |                         | MED EXP (Any one person)                  | \$ 10,000    |
|          |                                                                                                                                                                                                                                                                                                                                       |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|          |                                                                                                                                                                                                                                                                                                                                       |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|          |                                                                                                                                                                                                                                                                                                                                       |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000 |
|          |                                                                                                                                                                                                                                                                                                                                       |           |          |               |                         |                         |                                           | \$           |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS                                   |           |          | 73UUUU8690    | 1/1/2012                | 1/1/2013                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|          |                                                                                                                                                                                                                                                                                                                                       |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|          |                                                                                                                                                                                                                                                                                                                                       |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|          |                                                                                                                                                                                                                                                                                                                                       |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|          |                                                                                                                                                                                                                                                                                                                                       |           |          |               |                         |                         | Underinsured motorist                     | \$           |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB<br><input checked="" type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                                                                                            |           |          | 73UUUU8690    | 1/1/2012                | 1/1/2013                | EACH OCCURRENCE                           | \$ 1,000,000 |
|          |                                                                                                                                                                                                                                                                                                                                       |           |          |               |                         |                         | AGGREGATE                                 | \$ 1,000,000 |
|          |                                                                                                                                                                                                                                                                                                                                       |           |          |               |                         |                         |                                           | \$           |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                         |           | N/A      |               |                         |                         | WC STATUTORY LIMITS                       | OTHER        |
|          |                                                                                                                                                                                                                                                                                                                                       |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|          |                                                                                                                                                                                                                                                                                                                                       |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|          |                                                                                                                                                                                                                                                                                                                                       |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
| A        | <b>Third Party Prop. Damage</b><br><b>Misc. Equip. Loss of Use</b>                                                                                                                                                                                                                                                                    |           |          | 73UUUU8690    | 1/1/2012                | 1/1/2013                | \$2,500 Deductible                        | \$1,000,000  |
|          |                                                                                                                                                                                                                                                                                                                                       |           |          |               |                         |                         | 48 Hour Deductible                        | \$250,000    |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Certificate holder is included as Additional Insured as respects General Liability and Automobile Liability and Loss Payee as respects Miscellaneous Equipment, Stage or Premises, and Loss of Use, rented/leased to the named insured.

### CERTIFICATE HOLDER

### CANCELLATION

|                                                                                 |                                                                                                                                                                |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>The Stage People</b><br><b>13351 Star Street</b><br><b>Anytown, CA 99999</b> | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|                                                                                 | AUTHORIZED REPRESENTATIVE                                                                                                                                      |