

CERTIFICATE OF LIABILITY INSURANCE

DATE (MWDD/YYYY)

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 liqu of such endorsement(s).

PRODUCER	Insurance agent, broker or producer name & contact info				
Sample insurance agent, broker or producer Name & Address	PHONE FAX [A/C, No. EXU: E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Sample GL Insurance Co				
INSURED	INSURER B: Sample Auto Insurance Co				
Supplier or contractor	INSURER C: Sample XS or Umbrella Insurance Co				
Name & Address	INSURER D: Sample WC Insurance Co				
	INSURER E: Sample Other Insurance Co				
	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, THE INSURANCE AFFORDED BY THE POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	TYPE OF INSURANCE	NSR WVI	POLICY NUMBER	POLICY EFF	(MMIDDIYYYY)	LIMIT	s
A	CLAIMS-MADE X OCCUR	11.00	Sample GL #123			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	s Per requirements
						MED EXP (Any one person)	5
		Y				PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	s Per requirements
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	s
В	POLICY PRO- JECT LOC		Sample Auto #123			COMBINED SINGLE LIMIT (Ea accident)	s Per requirements
	ANY AUTO ALLOWNED AUTOS AUTOS HIRED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS	Y				BODILY INJURY (Per person)	5
						BODILY INJURY (Per accident)	5
					PROPERTY DAMAGE (Per accident)	5	
							s
С	UMBRELLA LIAB X OCCUR		Sample XS or Umbrella #123		EACH OCCURRENCE	s Per requirements	
	EXCESS LIAB CLAIMS-MADE	Y				AGGREGATE	5
	DED RETENTION S						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Sample WC #123			X WC STATU- TORY LIMITS OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A Y				E.L. EACH ACCIDENT	s Per requirements
						E.L. DISEASE - EA EMPLOYEE	5
						E.L. DISEASE - POLICY LIMIT	5
E	Any other insurances can be listed here or on a separate page.		Sample Other #123			Per requirements	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schodule, if more space is required)

The City & County of San Francisco, its officers, agents, and employees are included as additional insureds.

CERTIFICATE HOLDER

City & County of San Francisco 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102

CANCELLATION

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

(e-sign OK)

ACORD 25 (2010/05)

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