

SAMPLE

ACORD	CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YYYY) 3/10/2009
PRODUCER White Insurance Agency 9292 Tundra Lane La Crosse, WI 54601	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 AFFORDING COVERAGE	NAIC #
INSURED ABC Construction, Inc. 1313 Mockingbird Lane La Crosse, WI 54601	INSURER A: Cincinnati Insurance	
	INSURER B: Employers Mutual Companies	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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 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 TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY	CPP 0735781	07/28/08	07/28/09	EACH OCCURRENCE	\$1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (ea. Occurrence)	\$100,000
		CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>				MED EXP (Any one person)	\$5,000
		<input checked="" type="checkbox"/> Owner/Cont Prot. _____				PERSONAL & ADV INJURY	\$1,000,000
		_____				GENERAL AGGREGATE	\$2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$2,000,000
A		AUTOMOBILE LIABILITY	CAP 5463646	07/28/08	07/28/09	COMBINED SINGLE LIMIT (Ea. Accident)	\$500,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per Person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per Accident)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per Accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	\$
						EA ACC	\$
						AGG	\$
A		EXCESS/UMBRELLA LIABILITY	CCC 4487852	07/28/08	07/28/09	EACH OCCURRENCE	\$2,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$0					\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	2H9 34 42-04	07/28/08	07/28/09	WC STATUTORY LIMITS	X
		OTHER					
		E.L. EACH ACCIDENT				\$500,000	
		E.L. DISEASE-EA EMPLOYEE				\$500,000	
						E.L. DISEASE - POLICY LIMIT	\$500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

ADDITIONAL INSURED IS DIOCESE OF LA CROSSE, BISHOP WILLIAM CALLAHAN AND _____ .
(INSERT NAME OF PARISH)

CERTIFICATE HOLDER

CANCELLATION

Diocese of La Crosse
 ATTN: Finance Office
 P.O. Box 4004
 La Crosse, WI 54602-4004

&

Insert Name of Parish
 Insert Parish Address

Should any of the above-described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligations or liability of any kind up the company or its agents or representatives.