*****EXAMPLE*****

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): Month/Date/Year

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.	
Insurance Agent/Broker Name Insurance Agent/Broker Street Address or P.O. Box Insurance Agent/Broker City, State & Zip Code Contact & Phone Number	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Company Name: Address: Email Address:	INSURER A:	
	INSURER B:	
	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 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.

Must not be expired

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	☒	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCUR GEN'L AGGREGATE LIMIT AP ☐ POLICY ☐ PROJECT	POLICY #	BEGIN EFFECTIVE DATE	END EFFECTIVE DATE	EACH OCCURRENCE	$1,000,000	#1
						DAMAGE TO RENTED PREMISES (Ea occurrence)		
						MED EXP (Any one person)		
						PERSONAL & ADV INJURY	$1,000,000	#2
						GENERAL AGGREGATE		
						PRODUCTS - COMP/OP AGG		
A	☒	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Each Occurrence)	$1,000,000	#3
						BODILY INJURY (Per person)		
						BODILY INJURY (Per accident)		
						PROPERTY DAMAGE (Per accident)		
A	☐	☐ GARAGE LIABILITY ☐ ANY AUTO	# POLICY #	BEGIN EFFECTIVE DATE	END EFFECTIVE DATE	AUTO ONLY - EA ACCIDENT		
						OTHER THAN AUTO ONLY: EA ACC		
						AGG		
A	☐	☐ EXCESS/UMBRELLA LIABILITY ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION	POLICY #	BEGIN EFFECTIVE DATE	END EFFECTIVE DATE	EACH OCCURRENCE	$1,000,000	#4
						AGGREGATE		
A	☐	☐ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	POLICY #	BEGIN EFFECTIVE DATE	END EFFECTIVE DATE	☒ WC STATU TORY LIMITS ☐ OTH ER		
						E.L. EACH ACCIDENT	$1,000,000	
						E.L. DISEASE - EA EMPLOYEE	$1,000,000	
						E.L. DISEASE - POLICY LIMIT	$1,000,000	
	☐	OTHER						

Boxes must be checked

Not required

#1, #2, #3 must be at least $1M each
AND
#1 + #4 must = $2M combined
OR
#1 must be $2M if #4 is blank

Boxes must be checked if used in combination with #1

Not required

Required Language:

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

IAAD AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS and its CLIENT(S) AND THEIR AFFILIATES, RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS ARE NAMED AS ADDITIONAL INSURED UNDER GENERAL LIABILITY, AUTOMOBILE LIABILITY AND UMBRELLA LIABILITY.
WAIVER OF SUBROGATION IN FAVOR OF IAAD AND ITS CLIENT(S) APPLIES TO ALL POLICIES.

CERTIFICATE HOLDER	CANCELLATION
IAAD 308 Bartram Lane East Hockessin, DE 19707	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