



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/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.

| | | |
|-------------|-------------------------------|----------------|
| PRODUCER | CONTACT NAME: | |
| | PHONE (A/C. No. Ext): | FAX (A/C. No): |
| INSURED | E-MAIL ADDRESS: | |
| | PRODUCER CUSTOMER ID: | |
| | INSURER(S) AFFORDING COVERAGE | |
| | NAIC # | |
| | INSURER A : | |
| | INSURER B : | |
| INSURER C : | | |
| INSURER D : | | |
| INSURER E : | | |
| INSURER F : | | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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 | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY | LIMITS |
|----------|---|--------------------------------------|------------------------------------|-------------------------------------|-------------------|--------|
| | <input type="checkbox"/> PROPERTY | | | | BUILDING | \$ |
| | <input type="checkbox"/> CAUSES OF LOSS | <input type="checkbox"/> DEDUCTIBLES | | | PERSONAL PROPERTY | \$ |
| | <input type="checkbox"/> BASIC | <input type="checkbox"/> BUILDING | | | BUSINESS INCOME | \$ |
| | <input type="checkbox"/> BROAD | <input type="checkbox"/> CONTENTS | | | EXTRA EXPENSE | \$ |
| | <input type="checkbox"/> SPECIAL | | | | RENTAL VALUE | \$ |
| | <input type="checkbox"/> EARTHQUAKE | | | | BLANKET BUILDING | \$ |
| | <input type="checkbox"/> WIND | | | | BLANKET PERS PROP | \$ |
| | <input type="checkbox"/> FLOOD | | | | BLANKET BLDG & PP | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | <input type="checkbox"/> INLAND MARINE | TYPE OF POLICY | | | | \$ |
| | <input type="checkbox"/> CAUSES OF LOSS | | | | | \$ |
| | <input type="checkbox"/> NAMED PERILS | POLICY NUMBER | | | | \$ |
| | | | | | | \$ |
| | <input type="checkbox"/> CRIME | | | | | \$ |
| | <input type="checkbox"/> TYPE OF POLICY | | | | | \$ |
| | | | | | | \$ |
| | <input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**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