

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/22/2021

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 have ADDITIONAL INSURED provisions or 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).											
PRODUCER						PHONE FAX (
Agency Name & Contact Information						E-MAIL (A/C, No, Ext): (A/C, No):					
					ADDRES	ADDRESS:					
										NAIC #	
					INSURER A: Insurance Company Name					XXXXXX	
INSURED					INSURER B :						
Insured Name					INSURER C :						
					INSURER D :						
					INSURER E :						
					INSURER F :						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN SSUED 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		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
						((EACH OCCURRENCE DAMAGE TO RENTED	φ ·	0,000	
-	CLAIMS-MADE CCUR							PREMISES (Ea occurrence)	φ 10.0		
А				XXXXXXX		XX/XX/2021	XX/XX/2022	MED EXP (Any one person)	φ 1.00	0,000	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				PERSONAL & ADV INJURY	÷ 1 00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	÷ 1 00	0,000	
								PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
								COMBINED SINGLE LIMIT	\$ 1,00	0.000	
					XX/XX/2021	XX/XX/2022	(Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$		0,000		
	OWNED SCHEDULED			xxxxxxx			BODILY INJURY (Per accident)				
	AUTOS ONLY HIRED AUTOS					//////2021	MM/M/2022	PROPERTY DAMAGE	\$		
								(Per accident)	\$		
									E 00	0,000	
				XXXXXXX		XX/XX/2021	XX/XX/2022	EACH OCCURRENCE	\$ 5,00 \$ 5,00		
	CLAIMS-MADE							AGGREGATE		-,	
	DED RETENTION \$ WORKERS COMPENSATION							X PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							· · ·	_{\$} 1,00	0.000	
	OFFICER/MEMBER EXCLUDED?	N/A		XXXXXXX		XX/XX/2021	XX/XX/2022			0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,00		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ /	- ,	
DESC		S (AC		01 Additional Remarks Schodula	mayboo	ttached if more o	ace is required				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required RE: Job Name and Project Number											
- .					1.8e ·	h		The Artes In the Internet	u . /=		
	certificate holder and any other party as req ies for on-going and completed operations (
writt	en contract subject to the policy terms, cond	itions	, and e	exclusions. A waiver of subro	ogation i	n favor of the A	dditional Insur	reds is in effect on all policies	s when		
	ired by written contract and allowable by sta pt ten days for non-payment of premium.	ite lav	/. The	e policies have been endorse	d to prov	vide a written th	nirty day notice	of cancellation to the certific	cate hold	ler	
GAUE	providays for non-payment of premidin.										
CERTIFICATE HOLDER						CANCELLATION					
Dale Corp.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
70 Limekiln Pike						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Glenside, PA 19038											
						AUTHORIZED REPRESENTATIVE					
						En Monia					
Contra Politica											
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