Example (COI)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/01/2023

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).

					CONTACT NAME: Certificate Department					
PRODUCER					I PHONE					
Best Insurance Agency					IAIC No Ext): (AIC No): E-MAIL ADDRESS:					
123 Main St					ADDRESS:					
Any Town, USA					INSURER(S) AFFORDING COVERAGE				NAIC#	
					INSURER A: Auto-Owners Insurance				18988	
INSURED					INSURER B: West Bend Mutual Insurance Co.				15350	
Minnesota Public Transit Conference Vendor					INSURER C:					
					INSURER D:					
					INSURER E :					
COVERAGES CERTIFICATE NUMBER:					INSURER F:					
	VE BEE	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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR TYPE OF INSURANCE	TYPE OF INSURANCE ADDL SUBRING POLICY NUMBER				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A X COMMERCIAL GENERAL LIABILITY	11430		111111111		1/1/2023	1/1/2024	EACH OCCURRENCE	\$ 1,000	.000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,00		
							MED EXP (Any one person)	\$ 5,000		
							PERSONAL & ADV INJURY	\$ 1,000	000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000	000	
X POLICY PRO- JECT LOC							PRODUCTS - COMPIOP AGG	\$ 2,000	000	
OTHER:								\$	-	
A AUTOMOBILE LIABILITY			11111111111		1/1/2023	1/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	000	
X ANY AUTO							BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
							-	\$		
A UMBRELLA LIAB OCCUR			11111111111		1/1/2023	1/1/2024	EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED X RETENTION\$								\$		
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			11111111111	ŀ	1/1/2023	1/1/2024	X PER OTHER			
AND EMPLOYER'S LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$ 100,00	00	
(Mandatory in NH)	,,						E.L. DISEASE - EA EMPLOYEE	\$ 100,00	00	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,00	00	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER					CANCELLATION					
Minnesota Public Transit Association					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE					
525 Park Street, Suite 240					EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE					
Saint Paul MN 55103	MTIH	WITH THE POLICY PROVISIONS.								
 					AUTHORIZED REPRESENTATIVE					