

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

Producer

**PRODUCTION COMPANY'S
INSURANCE BROKER**

THIS CERTIFICATE IS ISSUED AS 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.

Insured

**PRODUCTION COMPANY NAME &
ADDRESS**

COMPANIES AFFORDING COVERAGE	
COMPANY LETTER	A
COMPANY LETTER	B
COMPANY LETTER	C
COMPANY LETTER	D
COMPANY LETTER	E

COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	GL-1000-000-00			GENERAL AGGREGATE \$1,000,000
	<input type="checkbox"/> COMPREHENSIVE FORM				PRODUCTS-COMP/OP AGG. \$1,000,000
	<input type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND				PERSONAL & ADV. INJURY \$1,000,000
	<input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS CONTRACTUAL				EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> INDEPENDENT CONTRACTORS				FIRE DAMAGE (ANY ONE FIRE) \$
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE				MED. EXP. (Any one person) \$
	<input type="checkbox"/> PERSONAL INJURY				
A	AUTOMOBILE LIABILITY	AL-1000-000-00			COMBINED SINGLE LIMIT \$1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS)				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS) <input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				
A	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC-EL-000-00			STATUTORY LIMITS
					EACH ACCIDENT DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE
	OTHER				

SAMPLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

City of Providence and its employees and/or agents are included as General Liability Additionally Insured.

CERTIFICATE HOLDER

City of Providence
25 Dorrance Street
Providence, RI 02903

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE