



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**ENTER DATE**

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 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).

<b>PRODUCER</b> <b>INSURANCE BROKER</b> License Number Street Address City, State Zip	<b>CONTACT NAME:</b> Insurance Agent's Name <b>PHONE (A/C, No, Ext):</b> (xxx) xxx-xxxx <b>E-MAIL ADDRESS:</b> abcd@xyz.com <b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Insurance Company's Name INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> <b>VENDOR'S NAME</b> Doing Buissess As (DBA) Name Street Address City, State Zip & PHONE#	<b>NAIC #</b>

**COVERAGES**                      **CERTIFICATE NUMBER:** 12/13 GL/WC/Med E&O                      **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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			POLICY NUMBER	xx/xx/xx	xx/xx/xx	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMPIOP AGG	\$ 1,000,000	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$	

**EXAMPLE FORM**

## ALL HIGHLIGHTED AREAS MUST BE COMPLETED FULLY AND ACCURATELY.

*Request this from your agent. If self-insured, request from your plan*

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional insured endorsement names the Rotary Club of Thousand Oaks, its directors, officers, members, volunteers, agents, and Rotary District 5240 additional insured for the named insured's operation at the Rotary Club of Thousand Oaks Street Fair on October 16, 2016 at Moorpark Road between Wilber Road and Hillcrest Road in Thousand Oaks, CA

<b>CERTIFICATE HOLDER</b> <b>ROTARY CLUB OF THOUSAND OAKS</b> PO Box 1225 Thousand Oaks, CA 91358	<b>CANCELLATION</b> 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
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