

Sample Certificate of Insurance

To: Your organization's name and address here	From: Insurance company's name and address here
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Name of Insured:					
Address of Insured:					
Location(s) to Which This Certificate Applies:					
Operation(s) to Which This Certificate Applies:					
Kind of Policy/Coverages	Y/N	Insurer	Policy Number	Policy Period dd/mm/yy to dd/mm/yy	Limits of Insurance
1. Comprehensive General Liability	Y/N				1.
a. Products b. Completed Operations c. Tenants Legal Liability d. Host Liquor Liability e. Non-Owned Auto f. Personal Injury g. Other					a. b. c. d. e. f. g.
2. Automobile					2.
3. Property					3.
4. Other					4.

I acknowledge, as required by [name of company], that:

1. All liability policies described above contain a cross-liability clause.
2. [Name of company] will be given 30 days notice of cancellation of any of the above policies.
3. [Name of company] is added as an Additional Insured to all of the policies described above with respect to the location(s) and operation(s) described above.

Authorized Signature: _____ Date Signed: _____