

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
00/00/00

PRODUCER
INSURANCE AGENCY NAME
ADDRESS
CITY, STATE ZIP CODE
PHONE & FAX NUMBERS

THIS CERTIFICATE IS ISSUED AS A 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
CONTRACTOR'S BUSINESS NAME
BUSINESS ADDRESS
CITY, STATE ZIP CODE

INSURERS AFFORDING COVERAGE NAIC #
INSURER A: INSURANCE COMPANY NAME
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER AGENCY / LTR. NUMBER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> FLOC	POL#xyz0000000	00/00/00	00/00/00	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ex occurrence) \$ 000,000.00 MED EXP (Any one person) \$ 000,000.00 PERSONAL & ADV INJURY \$ 000,000.00 GENERAL AGGREGATE \$ 000,000.00 PRODUCTS - COMP/OP AGG \$ 000,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ex accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	ONLY AS REQUIRED BY KANSAS LAW POL#xyz0000000	00/00/00	00/00/00	WC STATUTORY LIMITS JOTH-1 ER EL EACH ACCIDENT \$ 000,000.00 EL DISEASE - EA EMPLOYEE \$ 000,000.00 EL DISEASE - POLICY LIMIT \$ 000,000.00

*SAMPLE
C of T
Please be sure all areas circled are completed. Thank you.*

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 RESIDENTIAL CONTRACTOR, GENERAL CONTRACTOR I, II, ROOFING, EXCAVATING, ETC. (WHATEVER THE CONTRACTOR IS LICENSED TO DO)

CERTIFICATE HOLDER
 CITY OF TOPEKA
 DEVELOPMENT SERVICES
 620 SE MADISON ST UNIT 6
 TOPEKA, KS 66607-1118

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
 SIGNATURE OF INSURANCE AGENT

2/16/09