

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
07/01/12

PRODUCER
ABC Insurance Agency
125 Block Ave
Colton, CO 80202

THIS CERTIFICATE 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.

INSURERS AFFORDING COVERAGE

INSURED
Capital Construction
3 Donut Ave
Englewood, Ca 92220

INSURER A: **Worldwide Insurance Co.**
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES **SAMPLE COPY / SAMPLE COPY / SAMPLE COPY**

THE POLICES 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.

INS LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE Xoccur GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	ABCX111	7/01/12	6/30/13	EACH OCCURRENCE	\$ 1,000,000
						Damage to rented premises	\$ 50,000
						MED EXP (any 1 person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 2,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	MCCX9911	7/01/12	6/30/13	COMBINED SINGLE LIMIT (Ea Accident)	\$ 1,000,000
						BODILY INJURY (per person)	\$
						BODILY INJURY (per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
A		WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	ABKMX181	7/01/12	6/30/13	<input checked="" type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other	
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE -EA EMPLOYEE	\$1,000,000
						E.L. DISEASE -POLICY LIMIT	\$1,000,000
A	X	OTHER Professional Liability	LOPX442	7/01/12	6/30/13	\$1,000,000 per claim \$1,000,000 aggregate	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

The City of Colton, its directors, officials, officers, employees, agents and volunteers are named as additionally insured in respects to General Liability and Auto Liability policies per attached endorsements. Workers Compensation insurance includes Waiver of Subrogation per attached Endorsement #12345. This insurance is deemed primary and certificate holders insurance shall be non-contributory per attached Endorsement #123456

CERTIFICATE HOLDER

The City of Colton
650 N. La Cadena Dr
Colton CA 92324

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL XXXXXXXX MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, XX

MUST HAVE EXECUTED SIGNATURE

AUTHORIZED REPRESENTATIVE

ALFRED JONES