

Certificate of Liability Insurance

Date: Day

Month

Year

Insurance is provided by Northbridge General Insurance Corporation (hereinafter called the insurer)

This is to certify to:

that policy of insurance herein described has been issued to the Insured named below and is in force at this date.

Policy Number:

Policy Effective Date:

Day

Month

Year

Policy Expiry Date:

Day

Month

Year

Name of Insured:

Address of Insured:

Location and Operations to which this Certificate applies:

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 policy.

The policy of insurance has 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 policy described herein is subject to all the terms, exclusions and conditions of such policy. Aggregate limits shown may have been reduced by paid claims.

Type of Insurance

1. General Liability:

Commercial General Liability:

Occurrence

Claims-Made

Other:

General Aggregate Limit Applies Per:

Policy

Project

Location

Non-Owned Auto

Limits

Each Occurrence

Personal & Advertising Injury

Products - Completed Operations Aggregate

General Aggregate

Medical Expense (any one person)

Tenant's Legal Liability (each premises)

Non-Owned Auto

Additional Insured

2. Employers Liability:

Bodily Injury

Other:

Limits

Each Person

Each Accident

Additional Insured

Certificate of Liability Insurance

Type of Insurance (continued)

3. Automobile Liability:

All Owned Autos Scheduled Autos Hired Autos Non-Owned Autos Leased Autos

Other: _____

Limits

Combined Single Limit (each accident) _____

Additional Insured

4. Garage Liability:

Any Auto Other: _____

Limits

Auto - Each Accident _____ Each Accident _____

Additional Insured

5. Excess/Umbrella Liability:

Occurrence Claims-Made Other: _____

Limits

Each Occurrence _____ Aggregate _____

Additional Insured

Other

Description of operations / locations / vehicles / exclusions added by endorsement / special provisions

Cancellation

Should the above described policy be cancelled before the expiration date, the insurer will endeavor to mail _____ days written notice to the certificate holder named above, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

Authorized Representative