## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
EXAMPLE ONLY

THIS C.....ATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTI CATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CONTRACT OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPOR ANT: 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).

IDEAL CHOI E INSURANCE AGENCY 1233 PAIN AVENUE IMPERIA BEACH, CA 91932	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No):	
619-42 -71 2	INSURER(S) AFFORDING COVERAGE			NAIC#
	INSURER A :			
INSURED	INSURER B :			
Δ	INSURER C :			
	INSURER D :			
	INSURER E :			
	INSURER F:			
	·			·

COVERAGES CERTIFICATE NUMBER: 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 CERTIF. TE M/ 3E ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUDING AN ONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	EXCLU C S AN ( )NDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR	TY ic INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	GE RAI BILI	$\Box$		POLICY NUMBER HERE	EFFECTIVE	DATE HER	GENERAL AGGREGATE	\$2,000,000.00		
	X COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMPJOP AGG	\$2,000,000.00		
	CLAIMS-MADE X OCCUR						PERSONAL & ADV INJURY	\$1,000,000.00		
ΙA							EEACH OCCURRENCE	\$1,000,000.00		
l							FIRE DAMAGE (Any one fire)	\$300,000.00		
l	GEN (GGREGA) LIMIT APPLIES PER:						MED EXP (Any one person)	\$5,000.00		
	X PRO- JECT Lac						\$			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT [Ea accident)	\$		
l	ANY AUTO						BODILY INJURY (Per person)	\$		
l	ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident)	\$		
l							PROPERTY DAMAGE (Per accident)	\$		
								\$		
	MBRELLA LIAB OCCUR CLAIMS-MADE						EACH OCCURRENCE	\$		
l							AGGREGATE	\$		
L	DED RETENTION \$							\$		
1										
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)



Certificate holders are named as additional insured by endorsement - AT NO EXTRA CHARGE!

CERTIFICATE HOLDER CANCELLATION



**EXAMPLE ONLY** 

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

**EXAMPLE ONLY** 

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – STATE OR POLITICAL SUBDIVISIONS – PERMITS

This en ent modifies insurance provided under the following:

COMMISSIONAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE** 

Policyholor

Policy Mambe

State Or Ilitical Subdivision:

City of Caulo Vista 276 Fourth Avanue Chula Vista, California 91910

(If no e in appers above, information required to complete this endorsement will be shown in the field arations as applicable of the sendorsement.)

- 1. This mourance applies only with respect to open tions performed by you or on your behalf for which the state or political subdivision has issued a permit.
- 2. This insurance does not apply to:
  - a. "Bodily injury," "property damage" or "personal and advertising njury arising out of operations performed for the state or municipality; or
- b. "Bodily injury or "property damage" included within the "products-completed operations hazard".



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This ment modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Potov ou ar

Policy Number

Name Ja Additional Insured Person(s) Or Organization(s)

City i Est andido, its officials, employees, volunteers, and agents 201 your reports

Es andido 4 92025

Info in tion is uired to complete this Schedule, if not shown above will be shown in the Declarations

Section II - WHO IS AN INSURED is amended to include as an insured the person(s) or organization(s) showing a Schedule, but only with respect to liability for 'odily i ury', "property damage" or "personal and adv "personal and a

- A. In the performance of your ongoing operations; or
- b. connection with your premises owned by or ented to you.

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