

ACORD™
CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YYYY)
05/01/07

PRODUCER ABC Insurance Company	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Sample Vendor, Inc. 1234 Main St Somewhere, NY 22222	INSURER A: "A" Rated Insurance Credit	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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 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.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT GEN'L AGGREGATE LIMIT APPLIES PER:	<div> <div>SAMPLE ONLY!!</div> <div>Minimum Requirements for Vendors who need E&O Insurance</div> <div>GIVE TO INSURANCE AGENT AS A GUIDE ONLY</div> <div>(Do not alter this document in any way)</div> </div>			EACH OCCURRENCE	\$
	DAMAGES TO RENTED PREMISES (Ea Occurrence)					
	MED EXP (Any one person)					
	PERSONAL & ADV INJURY					
	GENERAL AGGREGATE				\$	
	PRODUCTS – COMP/OP AGG				\$	
	COMBINED SINGLE LIMIT				\$	
	BODILY INJURY (Per person)				\$	
	BODILY INJURY (Per accident)				\$	
	PROPERTY DAMAGE				\$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO 				AUTO ONLY - EA ACCIDENT	\$
	OTHER THAN AUTO ONLY:					
	EACH ACCIDENT				\$	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THEN UMBRELLA FORM				AGGREGATE	\$
					\$	
					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	E.L. EACH ACCIDENT				\$	
	E.L. DISEASE - EA EMPLOYEE				\$	
	E.L. DISEASE – POLICY LIMIT				\$	
	OTHER: Errors & Omissions	12345	01/01/07	01/01/08	\$1,000,000 Occurrence \$2,000,000 Aggregate	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENORSEMENT / SPECIAL PROVISIONS

Cinmar, its direct and indirect parents, subsidiaries, affiliates and assigns are listed as an additional insured under the Broad Form Vendors Endorsement. This policy/policies cover(s) the Vendor and Vendor's guests and representatives, products & activities.

CERTIFICATE HOLDER	CANCELLATION
Cinmar LP Attn: Vendor Compliance 5566 West Chester Road West Chester, OH 45069	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.