



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

XX/XX/XXXX

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

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or 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).

PRODUCER XXX Insurance Agency, Inc. Address	CONTACT NAME: Point of Contact Agent PHONE (A/C, No, Ext): (XXX) XXX-XXXX E-MAIL ADDRESS: Agent e-mail	FAX (A/C, No): (XXX) XXX-XXXX
INSURER(S) AFFORDING COVERAGE INSURER A: XXX Company		NAIC # XXXXX
INSURED Operating Company Name w/ dba Operation Name Address	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: XXXXXXXXXXXXX

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 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		Policy Number	XX/XX/XXXX	XX/XX/XXXX	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ VARIES
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y		Policy Number	XX/XX/XXXX	XX/XX/XXXX	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

The amount of coverage needed is dependent on **seating capacity** of the largest authorized vehicle, including the driver. See Exhibit C

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

"THE CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED AS RESPECTS TO THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED AS FOR HIRE TRANSPORTATION/LIMOUSINE COMPANY."

OR

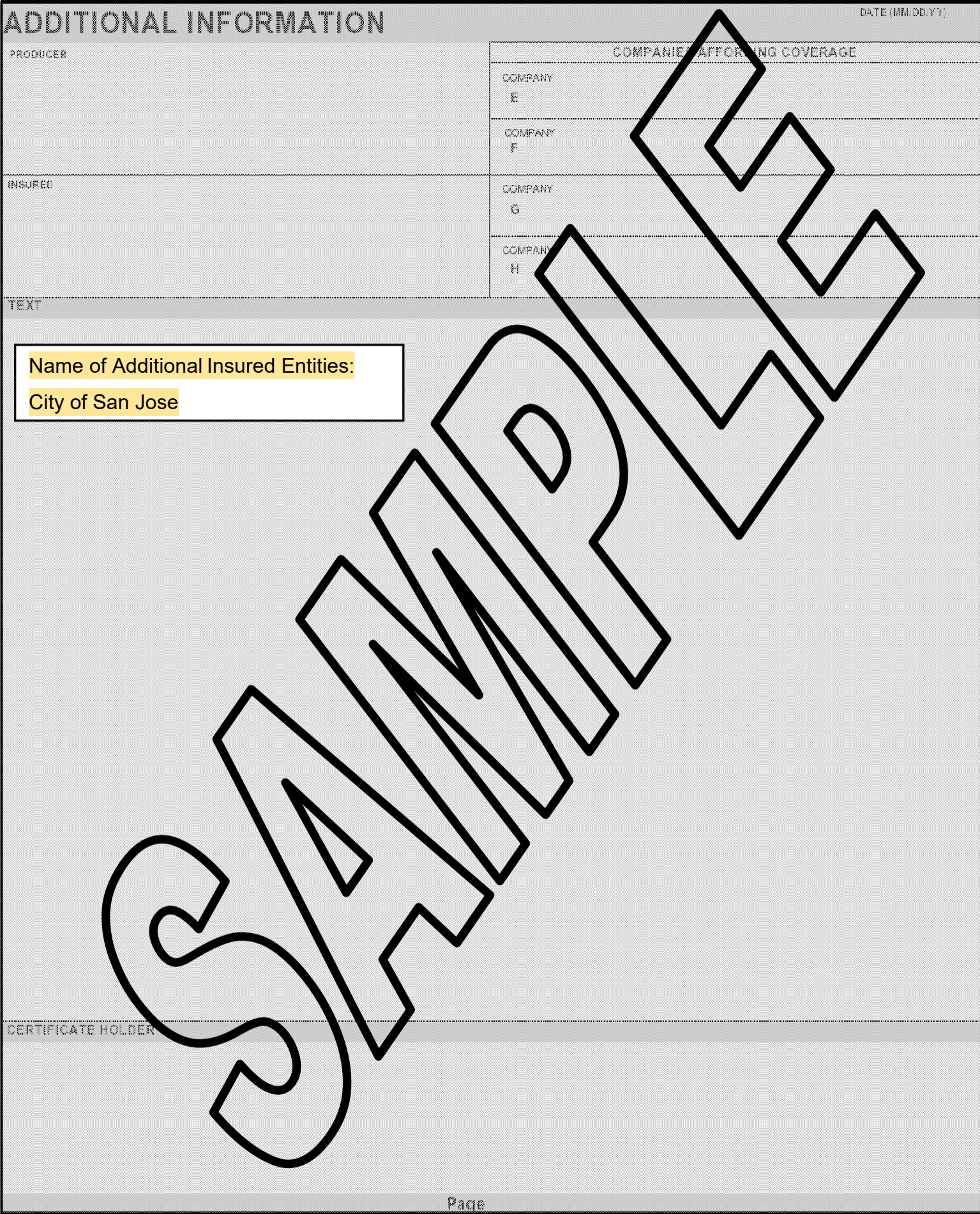
"CITY OF SAN JOSE IS AN ADDITIONAL INSURED UNDER AUTO LIABILITY AND GENERAL COMMERCIAL LIABILITY"

CERTIFICATE HOLDER

CANCELLATION

San Jose Mineta International Airport Airport Operations/Permit Processing 1701 Airport Boulevard Ste B-1130 San Jose CA 95110	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
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ADDITIONAL INFORMATION		DATE (MM/DD/YY)
PRODUCER	COMPANIES AFFORDING COVERAGE	
	COMPANY E	
	COMPANY F	
INSURED	COMPANY G	
	COMPANY H	
TEXT		
<div><div>Name of Additional Insured Entities:</div><div>City of San Jose</div></div>		
CERTIFICATE HOLDER		
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VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY		CARRIER	
POLICY NUMBER		EFFECTIVE DATE	NAMED INSURED(S)
		NAIC CODE	

VEHICLE DESCRIPTION															
VEH #	YEAR	MAKE:		BODY TYPE:		VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM				
		MODEL:		V.I.N.:		PP	SPEC	COML							
GARAGING ADDRESS		STREET (Required in KY)				CITY		COUNTY		STATE		ZIP			
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW				
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L		
<input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM		<input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE		<input type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	<input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT <input type="checkbox"/> FTW	<input type="checkbox"/> COLL		<input type="checkbox"/> AA <input type="checkbox"/> ST AMT	\$	\$	\$	\$	COLL	
DRIVE TO WORK / SCHOOL		< 15 MILES		15 MILES +		NET VEH DR/CR:		TOTAL PREM: \$							
VEH #	YEAR	MAKE:		BODY TYPE:		VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM				
		MODEL:		V.I.N.:		PP	SPEC	COML							
GARAGING ADDRESS		STREET (Required in KY)				CITY		COUNTY		STATE		ZIP			
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW				
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L		
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		MODEL:		V.I.N.:		PP	SPEC	COML							
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LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW				
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L		
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DRIVE TO WORK / SCHOOL		< 15 MILES		15 MILES +		NET VEH DR/CR:		TOTAL PREM: \$							