



Insurance Certificate Template

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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	CONTACT NAME: Person completing the certificate		
Agency/Brokerage Completing the Cert	PHONE (A/C No. Ext): 608-836-9590	FAX (A/C No.):	
	E-MAIL ADDRESS: sample@armr.net		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED	INSURER A: Company A		
	INSURER B: Company B		
	INSURER C: Company C		
	INSURER D: Company D		
	INSURER E: Company 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 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Each occurrence) \$ 10,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	TBD	TBD	TBD	MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COM/OP AGG \$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	X		TBD	TBD	TBD	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
C	UMBRELLA LIAB						EACH OCCURRENCE \$ \$4,000,000*
	<input checked="" type="checkbox"/> EXCESS LIAB	X	X	TBD	TBD	TBD	AGGREGATE \$ \$4,000,000*
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ \$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	TBD	TBD	TBD	E.L. DISEASE - EA EMPLOYEE \$ \$500,000
							E.L. DISEASE - POLICY LIMIT \$ \$500,000
E	Contractor's Pollution Liability**	X	X	TBD	TBD	TBD	Each Occurrence \$1,000,000 Total Aggregate \$1,000,000

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

FP USA CORP DBA Facility Plus USA, and their agents, employees, representatives, officers, directors, stockholders, members, managers and parent, subsidiary and affiliated companies are Additional Insureds with regards to General Liability, Auto Liability and Umbrella. All insurance provided is primary and non-contributory. Waiver of Subrogation applies to General Liability, Auto Liability, Umbrella and Workers' Compensation. A 30 Day written Notice of Cancellation to the Certificate Holder if any policy is cancelled prior to the expiration date is required. Covered Locations(s): All work order locations created by FP USA CORP. DBA FACILITY PLUS USA In Accordance with the terms of the PREFERRED PARTNER AGREEMENT.

The Schedule of Forms and Endorsements from the General Liability policy shall be provided. Coverage forms providing coverage for fungi, mold and bacteria shall be provided. Attach all applicable endorsements including the prescribed Additional Insured CG 2010 and CG 2037, Waiver of Subrogation, and 30-day NOC endorsements. **If a combined GUCPL policy is used limits of \$2,000,000 / \$3,000,000 are required.

CERTIFICATE HOLDER

CANCELLATION

Facility Plus USA 46-34 11th Street Long Island City, NY 11101	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 Signature of the producer