

SAMPLE

CERTIFICATE OF COVERAGE/LIABILITY INSURANCE					ISSUE DATE: DATE
ADMINISTRATOR/PRODUCER: NAME OF YOUR 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 COVERAGES AFFORDED BY THE COVERAGE DOCUMENTS BELOW.		
COVERED PARTY/INSURED: YOUR COMPANY NAME AND ADDRESS			ENTITIES AFFORDING COVERAGE YOUR INSURANCE COMPANY		
THIS IS TO CERTIFY THAT THE COVERAGES LISTED BELOW HAVE BEEN ISSUED TO THE COVERED PARTY NAMED ABOVE FOR THE 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 COVERAGE AFFORDED HEREIN IS SUBJECT TO ALL THE TERMS, AND CONDITIONS OF SUCH COVERAGE DOCUMENTS.					
INSR LTR	TYPE OF COVERAGE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> GOVERNMENT CODES <input checked="" type="checkbox"/> ERRORS & OMISSIONS	POLICY #	DATE	DATE	COMBINED SINGLE LIMIT EACH OCCURRENCE \$1,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTO <input checked="" type="checkbox"/> GARAGE LIABILITY <input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE	POLICY #	DATE	DATE	COMBINED SINGLE LIMIT EACH OCCURRENCE \$1,000,000
	PROPERTY ALL RISK EXCLUDES EARTHQUAKE & FLOOD	POLICY #	DATE	DATE	EACH OCCURRENCE \$1,000,000
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	POLICY #	DATE	DATE	COMBINED SINGLE LIMIT EACH OCCURRENCE \$1,000,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS: FREMONT UNION HIGH SCHOOL DISTRICT, ITS OFFICERS, AGENTS, EMPLOYEES & BOARD MEMBERS ARE ADDITIONAL INSURED.					
CERTIFICATE HOLDER: FREMONT UNION HIGH SCHOOL DISTRICT ITS OFFICERS, AGENTS, EMPLOYEES & BOARD MEMBERS 589 WEST FREMONT AVENUE SUNNYVALE, CA 94087				CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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. _____ AUTHORIZED REPRESENTATIVE:	