



SAMPLE

# 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).

<b>PRODUCER</b> Findlay Automobile Club 1550 Tiffin Ave  Findlay OH 45840-		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (419) 422-4961 FAX (A/C, No): (419) 422-5620 E-MAIL ADDRESS: insurance@aaafindlay.com PRODUCER CUSTOMER ID #:	
<b>INSURED</b>  		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
		<b>NAIC #</b>	

**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	
	<b>GENERAL LIABILITY</b>				/ /	/ /	EACH OCCURRENCE	\$ 1,000,000
	COMMERCIAL GENERAL LIABILITY				/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	CLAIMS-MADE <input type="checkbox"/> OCCUR				/ /	/ /	MED EXP (Any one person)	\$ 5,000
					/ /	/ /	PERSONAL & ADV INJURY	\$ 1,000,000
					/ /	/ /	GENERAL AGGREGATE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				/ /	/ /	PRODUCTS - COMP/OP AGG	\$ 2,000,000
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				/ /	/ /		\$
	<b>AUTOMOBILE LIABILITY</b>				/ /	/ /	COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO				/ /	/ /	BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS				/ /	/ /	BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS				/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
	HIRED AUTOS				/ /	/ /		\$
	NON-OWNED AUTOS				/ /	/ /		\$
	<b>UMBRELLA LIAB</b>				/ /	/ /	EACH OCCURRENCE	\$
	EXCESS LIAB				/ /	/ /	AGGREGATE	\$
	DEDUCTIBLE				/ /	/ /		\$
	RETENTION \$				/ /	/ /		\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				/ /	/ /	WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N		N/A		/ /	/ /	E.L. EACH ACCIDENT	\$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				/ /	/ /	E.L. DISEASE - EA EMPLOYEE	\$
					/ /	/ /	E.L. DISEASE - POLICY LIMIT	\$

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

Flag City Balloonfest, Inc.

For operations @ Emory Adams Park 8/12-8/14/2011

**CERTIFICATE HOLDER**                      **CANCELLATION**

( ) - ( ) -  Flag City Balloonfest, Inc. 303 E. Sandusky St.  Findlay OH 45840-	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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