

EXAMPLE - CERTIFICATE OF INSURANCE						Date(mm/dd/yy) <i>DATE</i>																												
PRODUCER NAME AND ADDRESS OF INSURANCE AGENCY			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. INSURED AFFORDING COVERAGE																															
INSURED NAME AND ADDRESS OF INSURED			Insurer A:	NAME OF INSURANCE CARRIER WITH																														
			Insurer B:	A "BEST RATING" OF A OR BETTER																														
			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. 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																													
X	General Liability <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTION <input checked="" type="checkbox"/> CONTRACTUAL	XXXXXXXXXX		MINIMUM	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>PRODUCTS – COMP/OP AGG</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>EACH OCCURANCE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>FIRE DAMAGE (any one fire)</td><td style="text-align: right;">\$50,000</td></tr> <tr><td>MED EXP (any one person)</td><td style="text-align: right;">\$5,000</td></tr> </table>		GENERAL AGGREGATE	\$2,000,000	PRODUCTS – COMP/OP AGG	\$1,000,000	PERSONAL & ADV INJURY	\$1,000,000	EACH OCCURANCE	\$1,000,000	FIRE DAMAGE (any one fire)	\$50,000	MED EXP (any one person)	\$5,000																
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	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	XXXXXXXXXX			<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>BODILY INJURY (per person)</td><td></td></tr> <tr><td>BODILY INJURY (per accident)</td><td></td></tr> <tr><td>PROPERTY DAMAGE</td><td></td></tr> <tr><td>AUTO ONLY – EA ACCIDENT</td><td></td></tr> <tr><td>OTHER THAN AUTO ONLY:</td><td></td></tr> <tr><td style="padding-left: 20px;">EACH ACCIDENT</td><td></td></tr> <tr><td style="padding-left: 20px;">AGGREGATE</td><td></td></tr> <tr><td>EACH OCCURANCE</td><td></td></tr> <tr><td>AGGREGATE</td><td></td></tr> <tr><td>STATUTORY LIMITS</td><td></td></tr> <tr><td>EACH ACCIDENT</td><td style="text-align: right;">\$100,000</td></tr> <tr><td>DISEASE – POLICY LIMIT</td><td style="text-align: right;">\$500,000</td></tr> <tr><td>DISEASE – EACH EMPLOYEE</td><td style="text-align: right;">\$100,000</td></tr> </table>		COMBINED SINGLE LIMIT	\$1,000,000	BODILY INJURY (per person)		BODILY INJURY (per accident)		PROPERTY DAMAGE		AUTO ONLY – EA ACCIDENT		OTHER THAN AUTO ONLY:		EACH ACCIDENT		AGGREGATE		EACH OCCURANCE		AGGREGATE		STATUTORY LIMITS		EACH ACCIDENT	\$100,000	DISEASE – POLICY LIMIT	\$500,000	DISEASE – EACH EMPLOYEE	\$100,000
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X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE <input type="checkbox"/> INCL OFFICERS ARE: <input type="checkbox"/> EXCL	XXXXXXXXXX																																
	OTHER																																	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS THE FOLLOWING IS INCLUDED AS ADDITIONAL INSURED; CITY OF HILLSBORO, IT'S ELECTED AND APPOINTED OFFICIALS, OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS.																																		
CERTIFICATE HOLDER CITY OF HILLSBORO ATTN: XXXXXXXXXXXX 150 EAST MAIN STREET, FOURTH FLOOR HILLSBORO OR 97123				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE THEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. SIGNED BY COMPANY REPRESENTATIVE																														
ACORD 25-S(3/93)				© ACCORD CORPORATION																														

THIS EXAMPLE IS BASED ON THE REQUIREMENTS PER SENATE BILL 311.