Client#: 12171 RIHOUSIN

## $ACORD_{\scriptscriptstyle{\sqcap}}$

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 8/14/2014

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).

•	standate notice in nea or such endorsement(s).					
PRO	DUCER	CONTACT NAME:				
		PHONE		FAX		
		(A/C, No, Ext): (A/C, No):				
		ADDRESS:				
			INSURER(S) AF	FORDING COVERAGE	NAIC #	
		INSURER A:				
INSU	RED	INSURER B:				
		INSURER C:				
		INSURER D:				
		INSURER E :				
		INSURER F:				
CO	VERAGES CERTIFICATE NUMBER:	REVISION NUMBER:		Į.		
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						
	ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED					
	KCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV				,	
INSR LTR	TYPE OF INSURANCE ADDL SUBR	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS		
LIK	TYPE OF INSURANCE INSR WVD POLICY NUMBER  GENERAL LIABILITY	(MM/DD/YYYY)	(MIM/DD/YYYY)			
				DAMAGE TO RENTED .		
	COMMERCIAL GENERAL LIABILITY			DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
	CLAIMS-MADE OCCUR			MED EXP (Any one person) \$		
				PERSONAL & ADV INJURY \$		
				GENERAL AGGREGATE \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:			PRODUCTS - COMP/OP AGG \$		
	POLICY PRO- JECT LOC			\$ COMBINED SINGLE LIMIT		
	AUTOMOBILE LIABILITY			(Ea accident) \$		
	ANY AUTO			BODILY INJURY (Per person) \$		
	ALL OWNED SCHEDULED AUTOS AUTOS			BODILY INJURY (Per accident) \$		
	HIRED AUTOS NON-OWNED AUTOS			PROPERTY DAMAGE (Per accident) \$		
				\$		
	UMBRELLA LIAB OCCUR			EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE			AGGREGATE \$		
	DED RETENTION\$			\$		
	WORKERS COMPENSATION			WC STATU- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE			E.L. EACH ACCIDENT \$		
	OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH)			E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
2255 II 1616 C. C. Elixione / Ecoxione / Terrore Ecoxione / Terrore Ecoxione / Terrore Space is required.						
CEF	RTIFICATE HOLDER	CANCELLATION				
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE				
	<b>,</b>	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
			ACCORDANCE WITH THE POLICY PROVISIONS.			
		AUTHORIZED REPRESENTATIVE				
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