

# BUSINESS LIABILITY INSURANCE CERTIFICATE

**Insured Party**

Business Name:

Address:

**Insurance Details**

Policy Number:

Effective Date:

Expiration Date:

Type of Coverage:

Coverage Limit:

**Insurance Provider**

Company Name:

Contact Number:

Email Address:

Authorized Signature: \_\_\_\_\_

Date:

This certificate is issued as a matter of information only and confers no rights upon the certificate holder.