Certificate of Liability Insurance

Certificate Number: _____

Issue Date: _____

Insured

Name: _____
Address: _____

Insurance Company

Company Name: _____
NAIC #: _____

General Liability Coverage

Type of Coverage	Policy Number	Effective Date	Expiration Date	Limits
General Aggregate				
Products â€" Comp/Op Agg				
Personal & Advertising Injury				

Certificate Holder: _____

Authorized Representative: _____