Oakland County Sample Insurance Acord - Professional Services



CERTIFICATE OF LIABILITY INSURANCE

Date Created

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).

PRO	DUCE	R		0				CONTACT Insurance Agent Name						
Insurance Company								PHONE FAX (A/C, No, Ext): (A/C, No):						
Address								E-MAIL ADDRESS: Insurance Agent Email Address						
Email or Phone #									INSURER(S) AFFORDING COVERAGE					NAIC #
									INSURER A:					
INSURED									INSURER B:				ombi	nod:
Company Name (Vend						idor)			RC:	When Comb				
Address								INSURER D :			General & U			
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l IN	IDIC/	ATED. NOTWIT	HST	anding any re	QUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WI	TH RESPEC	CT TO V	HICH THIS
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOF EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAY) ALL T	HE TERMS,
INSR LTR		TYPE OF I			ADDL	SUBR		DELIT	POLICY EFF (MM/DD/YYYY)		· 	LIMIT		
LTR		NERAL LIABILITY	NOUR	KANCE	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				1,000,000
А	X	<u> </u>									EACH OCCURRED DAMAGE TO REM	NTED	\$	
	_										PREMISES (Ea o		\$	100,000
		claims-made X occur					List Policy #		Start Date	Expiration	MED EXP (Any or		\$	10,000
											PERSONAL & AD	V INJURY	\$	1,000,000
											GENERAL AGGR	EGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					Hired & Non-Owned Autos REQUIRED					FRODUCTS - COMF/OF AGG \$			2,000,000
	POLICY PRO- JECT LOC					•					Fire Damage COMBINED SING		\$	
В	AUTOMOBILE LIABILITY				101	or Any Auto.						LE LIMIT	\$	1,000,000
	Χ	ALL OWNED SCHEDULED AUTOS							011.	F	BODILY INJURY	(Per person)	\$	
					.,						BODILY INJURY	` ′	\$	
	Х	HIRED AUTOS	Х	NON-OWNED AUTOS	Υ		List Policy #		Start Date	Expiration	PROPERTY DAM (Per accident)	AGE	\$	
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		UMBRELLA LIAB		OCCUR							EACH OCCURRE	NCE	\$	2,000,000
C	Χ	EXCESS LIAB		CLAIMS-MADE			List Policy #		Start Date	Expiration	AGGREGATE		\$	
	DED RETENTION \$					"Michigan included in Workers Compensation							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						or All Other State				X WC STATU- TORY LIMIT	- OTH- S ER		
D	ANN	ANY PROPRIETOR/PARTNER/EXECUTIVE							•		E.L. EACH ACCID		\$	500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						List Policy #		Start Date	Expiration	E.L. DISEASE - E	A EMPLOYEE	\$	500,000
											E.L. DISEASE - P	OLICY LIMIT	\$	500,000
E		Professional Liability OR										Per Cl	aim - 9	\$1,000,000
-	l 10.000ional Elability Of													
	Err	rrors & Omissions (If Required)					List Policy #	Start Date		Expiration	General Aggregate - \$1,000			\$1,000,000
DES	CRIPT	TION OF OPERATIO	NS / I	LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)				
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		•				_	Agents (as define			,				_
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wa	ırra	ınts all insı	ıra	nce covera	ige	and	I policy limits com	ply w	ith insura	ance prov	isions red	uired b	y the	
							is included in th						-	
		200.110	,		;	J								

The County of Oakland and County Agents 2100 Pontiac Lake Rd, Bldg 41 W Waterford, MI 48328-0462 CANCELLATION 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