



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

DATE

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).

PRODUCER			CONTACT NAME: AGENT NAME	
INSURANCE AGENT NAME			PHONE (A/C, No, Ext): AGENT PHONE	FAX (A/C, No): AGENT FAX
ISSUING CERTIFICATE			E-MAIL ADDRESS: AGENT EMAIL	
ADDRESS			INSURER(S) AFFORDING COVERAGE	
CITY	STATE	ZIP	NAIC #	
INSURED			INSURER A :	
NAME OF PRODUCER/VENDOR			INSURER B : INSURANCE COMPANY NAME	
CONTACT NAME			INSURER C :	
ADDRESS			INSURER D :	
CITY	VA	ZIP	INSURER E :	
			INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY			POLICY NUMBER	DATES	DATES	EACH OCCURRENCE \$ 100000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY								DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10000	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1000000			
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2000000			
	AUTOMOBILE LIABILITY			EVIDENCE COVERAGE			PRODUCTS - COMP/OP AGG \$ 200000			
	ANY AUTO								OR INCLUDED \$	
	ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$	
	HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>						BODILY INJURY (Per person) \$	
	UMBRELLA LIAB						BODILY INJURY (Per accident) \$			
	EXCESS LIAB						PROPERTY DAMAGE (Per accident) \$			
	DED									
	RETENTION \$									
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			EVIDENCE COVERAGE			<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	<input type="checkbox"/>							E.L. EACH ACCIDENT \$ 1000000
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE \$ 1000000
										E.L. DISEASE - POLICY LIMIT \$ 1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

IMPORTANT INSTRUCTIONS: PRODUCERS/VENDORS ARE REQUIRED TO NAME **THE CITY OF MANASSAS AND HISTORIC MANASSAS INC., THEIR DIRECTORS, OFFICERS, EMPLOYEES, AND VOLUNTEERS AS AN ADDITIONAL INSURED** TO INCLUDE ENDORSEMENT CG2011 (01-96) OR ITS EQUIVILANT ATTACHED. PROVIDE EVIDENCE OF CURRENT AUTO AND WORKERS COMPENSATION INSURANCE.

EMAIL CERTIFICATE WITH ENDORSEMENT TO INFO@HISTORICMANASSASINC.ORG

CERTIFICATE HOLDER**CANCELLATION**

THE CITY OF MANASSAS, HISTORIC MANASSAS, INC.
 INFO@HISTORICMANASSASINC.ORG
 9431 WEST STREET,
 MANASSAS, VA 20110

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

SIGNATURE REQUIRED