



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

COVERS **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 INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			X	POLICY NUMBER EVIDENCE COVERAGE	DATES	DATES	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 200000 OR INCLUDED \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC							
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS							
	UMBRELLA LIAB		OCCUR					
	EXCESS LIAB		CLAIMS-MADE					
	DED		RETENTION \$					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				Y / N	N / A	EVIDENCE COVERAGE		<input checked="" type="checkbox"/> WC STATUTORY LIMITS \$ 1000000 E.L. EACH ACCIDENT \$ 1000000 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 EQUIVANT ATTACHED. PROVIDE EVIDENCE OF CURRENT AUTO AND WORKERS COMPENSATION INSURANCE.

EMAIL CERTIFICATE WITH ENDORSEMENT TO PEYTON@HISTORICMANASSASINC.ORG

CERTIFICATE HOLDER		CANCELLATION
THE CITY OF MANASSAS, HISTORIC MANASSAS, INC. 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