

# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

Producer

**PRODUCTION COMPANY'S  
INSURANCE BROKER**

THIS CERTIFICATE IS ISSUED AS MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

### COMPANIES AFFORDING COVERAGE

COMPANY LETTER	<b>A</b>
COMPANY LETTER	<b>B</b>
COMPANY LETTER	<b>C</b>
COMPANY LETTER	<b>D</b>
COMPANY LETTER	<b>E</b>

Insured

**PRODUCTION COMPANY NAME &  
ADDRESS**

### COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b>	GL-1000-000-00			GENERAL AGGREGATE <b>\$1,000,000</b>
	<input type="checkbox"/> COMPREHENSIVE FORM				PRODUCTS-COMP/OP AGG. <b>\$1,000,000</b>
	<input type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND				PERSONAL & ADV. INJURY <b>\$1,000,000</b>
	<input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS CONTRACTUAL				EACH OCCURRENCE <b>\$1,000,000</b>
	<input type="checkbox"/> INDEPENDENT CONTRACTORS				FIRE DAMAGE (ANY ONE FIRE) <b>\$</b>
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE				MED. EXP. (Any one person) <b>\$</b>
	<input type="checkbox"/> PERSONAL INJURY				
<b>A</b>	<b>AUTOMOBILE LIABILITY</b>	AL-1000-000-00			COMBINED SINGLE LIMIT <b>\$1,000,000</b>
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) <b>\$</b>
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS)				BODILY INJURY (Per accident) <b>\$</b>
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS) HIRED AUTOS				PROPERTY DAMAGE <b>\$</b>
	<input type="checkbox"/> NON-OWNED AUTOS				
<input type="checkbox"/> GARAGE LIABILITY					
<b>A</b>	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE <b>\$</b>
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE <b>\$</b>
<b>B</b>	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC-EL-000-00			STATUTORY LIMITS
					EACH ACCIDENT DISEASE-POLICY LIMIT <b>\$</b>
	<b>OTHER</b>				DISEASE-EACH EMPLOYEE

SAMPLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

City of Providence named as additional insured as their interests may appear

#### CERTIFICATE HOLDER

City of Providence  
25 Dorrance Street  
Providence, RI 02903

#### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

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AUTHORIZED REPRESENTATIVE