

INSURANCE COMPANY

CERTIFICATE OF INSURANCE

DATE 01/01/2008

PRODUCER
 INSURANCE COMPANY
 ADDRESS
 CITY, STATE, ZIPCODE

INSURED
 NAME OF COMPANY
 ADDRESS
 CITY, STATE AND ZIP

SAMPLE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

COMPANY A
 COMPANY B
 COMPANY C
 COMPANY D

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GL-123456	01/01/2008	12/31/2008	EACH OCCURRENCE DAMAGES TO RENTED PREMISES (EA OCCURRENCE) \$100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL VEHICLES OWNED, NON-OWNED, AND HIRED TO BE USED ON CONTRACT	AL-123456	01/01/2008	12/31/2008	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	123456	01/01/2008	12/31/2008	ANY AUTO - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE
A	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA	123456	01/01/2008	12/31/2008	EACH OCCURRENCE AGGREGATE
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	123456	01/01/2008	12/31/2008	WC STATUTORY LIMITS/OTHER \$100,000 EL EACH ACCIDENT \$500,000 EL DISEASE-POLICY LIMIT \$100,000 EL DISEASE-EACH EMPLOYEE \$100,000
A	<input type="checkbox"/> PROFESSIONAL LIABILITY	123456	01/01/2008	12/31/2008	EACH OCCURRENCE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

BOULDER COUNTY
ATTN: RISK MANAGER
P.O. BOX 471
BOULDER, CO 80306

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF. INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

INSURANCE COMPANY USA
 BY: JOHN DOE SMITH *JOHN DOE SMITH*
 MM1(3/02)

VALID AS OF 01/01/08