

CERTIFICATE OF LIABILITY INSURANCE

6/16/2014

PRODUCER Sample Insurance Agency, Inc. 123 N Main Street Royal Oak MI 48067-2619	This certificate is issued as a 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
INSURED ABC Company 321 S Main St Royal Oak MI 48067	Company A NORTHTOWN INSURANCE CO.
	Company B
	Company C
	Company D

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (mm/dd/yy)	POLICY EXPIRATION DATE (mm/dd/yy)	LIMITS	
A	General Liability	BND-JXXXX01-1231	00/00/0000	00/00/0000	Each Occurrence	\$1,000,000
	<input checked="" type="checkbox"/> Commercial General Liability				Damage to Rented Premises (ea occurrence)	\$100,000
	<input type="checkbox"/> Claims Made				Med Exp (Any one Person)	\$2,000
	<input checked="" type="checkbox"/> Occurrence				Personal & Adv Injury	\$1,000,000
	<input type="checkbox"/> Owner's & Contractors Prot				General Aggregate	\$1,000,000
					Products, Comp/Op Agg	\$1,000,000
	Automobile Liability				Combined Single Unit	\$
	<input type="checkbox"/> Any Auto				Bodily Injury (per person)	\$
	<input type="checkbox"/> All owned Autos				Bodily Injury (per accident)	\$
	<input type="checkbox"/> Scheduled Autos				Property Damage	\$
	<input type="checkbox"/> Hired Autos					
	<input type="checkbox"/> Non-Owned Autos					
	Garage Liability				Auto Only - Ea Accident	\$
	<input type="checkbox"/> Any Auto				Other than Auto Only:	
					Each Accident	\$
					Aggregate	\$
	Excess Liability				Each Occurrence	
	<input type="checkbox"/> Umbrella Form				Aggregate	
	<input type="checkbox"/> Other than Umbrella Form					\$
	Workers Compensation and Employers' Liability				WC Statutory	
	The Proprietor / partners / executive officers are:				_X_ Limits Other	
	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL Each Accident	\$100,000
					EL Disease - Policy Limit	\$100,000
					EL Disease - Ea Employee	\$500,000
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS

City of Royal Oak, including all elected & appointed officials, all employees & volunteers, all boards, commissions and/or authorities and their board members, employees and volunteers are additional insureds.

CERTIFICATE HOLDER City of Royal Oak Attn: Chief of Police 203 S Troy St Royal Oak MI 48068	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 