**ACORD**

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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**

*Exhibit D – Sample Certificate*

INSURANCE AGENCY
ADDRESS
CITY, STATE, ZIP

CONTACT NAME: PRODUCER NAME
PHONE (A/C No. Ext)
FAX (A/C No):
E-MAIL ACCRESS: EMAIL
PRODUCER CUSTOMER ID #:

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A: INSURANCE COMPANY | |
| INSURER B: INSURANCE COMPANY | |
| INSURER C: INSURANCE COMPANY | |
| INSURER D: INSURANCE COMPANY | |
| INSURER E: | |
| INSURER F: | |

**INSURED**

SUBCONTRACTOR
ADDRESS
CITY STATE ZIP

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICES 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/YY) | POLICY EXP (MM/DD/YY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | **GENERAL LIABLITY**<br>☑ COMMERCIAL GENERAL LIABILITY<br>☐ CLAIMS MADE ☑ OCCUR.<br>☐ _____<br>☐ _____<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>☒ POLICY PROJECT ☐ LOC | | . | GI123456 | M/D/Y | M/D/Y | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS-COMP/OP AGG | $ 1,000,000<br>$ 300,000<br>$ 5,000<br>$ 1,000,000<br>$ 2,000,000<br>$ 2,000,000 |
| A | **AUTOMOBILE LIABILITY**<br>ANY AUTO<br>ALL OWNED AUTOS<br>SCHEDULED AUTOS<br>X HIRED AUTOS<br>X NON-OWNED AUTOS | | | AL123456 | M/D/Y | M/D/Y | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $ 1,000,000<br>$<br>$<br>$ |
| B | ☐ **UMBRELLA LIAB** ☐ OCCUR<br>☐ **EXCESS LIAB** ☐ CLAIMS-MADE<br>☐ DEDUCTIBLE<br>☐ RETENTION $ | | | | | | EACH OCCURRENCE<br>AGGREGATE | $ 1,000,000<br>$ 1,000,000 |
| C | **WORKERS COMPENSATION AND EMPLOYERS LIABILITY**<br>ANY PROPRIETOR/PARNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | WC123456 | M/D/Y | M/D/Y | X WC STATU-TORY LIMITS ☐ OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE--EA EMPLOYEE<br>E.L. DISEASE--POLICY LIMIT | $ 100,000<br>$ 100,000<br>$ 500,000 |
| | | | | | | | Each Occurrence<br>Aggregate<br>Each Claim | $<br>$<br>$ |
| | | | | | | | Annual Aggregate<br>Each Claim | $<br>$ |

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

Certificate holder is listed as additional insured

| CERTIFICATE HOLDER | CANCELLATION |
|---|---|
| Historic John P Furber Farm LLC<br>7310 Lamar Ave S<br>Cottage Grove, MN 55016 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE<br>*Signature* |

SAMPLE


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