

Attachment E: Sample Accord Form

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP. ID. B.J.	DATE (MM/DD/YYYY) 04/05/09
PRODUCED BY Westmar Insurance Services P.O. Box 208016 Stockton CA 95208-9016 Phone: 800-633-3443 Fax: 800-466-8076		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.	
SOURCES:		INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Philadelphia Insurance Indemnity			
INSURER B:			
INSURER C:			
INSURER D:			
INSURER E:			

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 BE IN FORCE. THE INSURANCE AFFORDED BY THE POLICIES OF WHICH THIS CERTIFICATE IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
POLICY	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X		04/10/09	04/10/10	GENERAL LIABILITY EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 50000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 3000000 PRODUCTS - COMP/OP AGG \$ 2000000
	X				COMMERCIAL GENERAL LIABILITY
GEN. AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PER SUBJECT <input type="checkbox"/> EACH					
	X				AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS BODYS & EDUC ACIDN HIRED AUTOS NON OWNED AUTOS COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODYS INJURY (Per person) \$ BODYS INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	X				GARAGE LIABILITY ANY AUTO AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
	X				EXCESS/UMBRELLA LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEFENSIBLE \$ PREVENTION \$
	X				WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPERTY OR PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED N.Y.S. RESIDERS FROM SPECIAL PROVISIONS BELOW OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

CERTIFICATE HOLDER United States Forest Service Salida Ranger District 5575 Cleora Road Salida, CO 81201	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT; BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. [Signature]
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ACORD 25 (2/09/08)

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