

Sample Document  
for Silver Spring Civic Building  
at Veterans Plaza Clients

This is a SAMPLE insurance document to be used as an example  
for all customers of the Silver Spring Civic Building at Veterans Plaza.  
ALL users are required to provide insurance.

| CERTIFICATE OF LIABILITY INSURANCE  |   | DATE (MM/DD/YYYY)  |                             |        |            |  |            |  |            |  |            |  |            |  |
|---|---|--|-----------------------------|--------|------------|--|------------|--|------------|--|------------|--|------------|--|
| PRODUCER  | FAX   | <b>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.</b> |                             |        |            |  |            |  |            |  |            |  |            |  |
| <b>Producer:</b> The Producer is the insurance broker or agent representing the insured that procured the insurance coverage for the insured entity.                            |   |  |                             |        |            |  |            |  |            |  |            |  |            |  |
| INSURED   | <table border="1"> <thead> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr><td>INSURER A:</td><td></td></tr> <tr><td>INSURER B:</td><td></td></tr> <tr><td>INSURER C:</td><td></td></tr> <tr><td>INSURER D:</td><td></td></tr> <tr><td>INSURER E:</td><td></td></tr> </tbody> </table> |  | INSURERS AFFORDING COVERAGE | NAIC # | INSURER A: |  | INSURER B: |  | INSURER C: |  | INSURER D: |  | INSURER E: |  |
| INSURERS AFFORDING COVERAGE   | NAIC #  |  |                             |        |            |  |            |  |            |  |            |  |            |  |
| INSURER A:  |   |  |                             |        |            |  |            |  |            |  |            |  |            |  |
| INSURER B:  |   |  |                             |        |            |  |            |  |            |  |            |  |            |  |
| INSURER C:  |   |  |                             |        |            |  |            |  |            |  |            |  |            |  |
| INSURER D:  |   |  |                             |        |            |  |            |  |            |  |            |  |            |  |
| INSURER E:  |   |  |                             |        |            |  |            |  |            |  |            |  |            |  |
| <b>Insured:</b> The Insured is the entity that has purchased the insurance coverages that are stated on the Certificate of Insurance and is considered the first named insured. |   |  |                             |        |            |  |            |  |            |  |            |  |            |  |

#### 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. |   |   |   |                                   |   |   |
|---|---|---|---|-----------------------------------|---|---|
| INSR ADD'L LTR INSR   | TYPE OF INSURANCE   | POLICY NUMBER   | POLICY EFFECTIVE DATE (MM/DD/YY)  | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |   |
|   | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> Commercial General Liability<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> Occur<br><input type="checkbox"/> Owners and Cont Prot<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | <b>Policy Number</b> should be stated to assist in accessing the needed coverage if a claim should arise. | <b>The Policy Effective and Expiration Dates</b> inform you when a policy begins and ends. It is important to be sure that performance on the contract be within the policy period. |                                   | EACH OCCURRENCE \$ <b>\$300,000 (or more)</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE \$ <b>\$300,000 (or more)</b><br>PRODUCTS - COMPOV AGG<br>Fire Damage (any one fire) |   |
|   | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |   |   |                                   |   | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) |
|   | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO  |   |   |                                   | AUTO ONLY - EA ACCIDENT<br>OTHER THAN EA ACC<br>AUTO ONLY: AGG  |   |
|   | <b>EXCESS/UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> DEDUCTIBLE<br>RETENTION \$  |   |   |                                   | EACH OCCURRENCE<br>AGGREGATE<br>\$<br>\$<br>\$  |   |
|   | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below  |   |   |                                   | <input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER<br>E L EACH ACCIDENT<br>E L DISEASE - EA EMPLOYEE<br>E L DISFASE - POLICY LIMIT   |   |
|   | OTHER   |   |   |                                   |   |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**Must use this (not to be changed or substituted):**  
**"Montgomery County Government" as additionally insured.**

#### CERTIFICATE HOLDER

**Must use this (not to be changed or substituted):**

Montgomery County, Government  
 255 Rockville Pike, Suite 201  
 Rockville, MD 20850

#### 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE