			t#: 65707			ONHO		
		CERTIFI	CATE OF LI				DATE (MM/DD/YYYY) Date	
PRODUCER ABC Insurance Agency Mailing address of Agency City State, Zip					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.			
					INSURERS AFFORDING COVERAGE			
INSURED Hilton/ Hilton Garden Inn/ Embassy Suites/ DoubleTree								
A M	ny re Ay pe	DLICIES OF INSURANCE LISTED BELC EQUIREMENT, TERM OR CONDITION ERTAIN, THE INSURANCE AFFORDED ES. AGGREGATE LIMITS SHOWN MA	OF ANY CONTRACT OR OTHER BY THE POLICIES DESCRIBED	DOCUMENT WITH RES HEREIN IS SUBJECT TO	PECT TO WHICH THI	IS CERTIFICATE MAY BE IS	SUED OR	
insr Ltr	ADD'I INSRI	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	rs	
Α		GENERAL LIABILITY	XXX	X/X/20XX	X/X/20X1	EACH OCCURRENCE	\$1,000,000	
		X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$200,000	
		K Liquor Liab.				MED EXP (Any one person) PERSONAL & ADV INJURY	\$10,000 \$1.000.000	
						GENERAL AGGREGATE	\$2,000,000	
	Х	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$2,000,000	
Α		POLICY PRO- JECT X LOC	XXX	X/X/20XX	X/X/20X1	COMBINED SINGLE LIMIT		
		X ANY AUTO ALL OWNED AUTOS				(Ea accident)	\$1,000,000	
	I F	SCHEDULED AUTOS HIRED AUTOS X NON-OWNED AUTOS	INFORMAT			BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
		ANY AUTO				OTHER THAN AUTO ONLY: AGG		
Α		EXCESS/UMBRELLA LIABILITY X OCCUR CLAIMS MADE DEDUCTIBLE	xxx	X/X/20XX	X/X/20X1	EACH OCCURRENCE	\$14,000,000	
						AGGREGATE	\$ 14,000,000 \$	
							\$	
_		RETENTION \$			N (N (20))	WC STATU- OTH	\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below		X/X/20XX	X/X/20X1	X WC STATU- TORY LIMITS OTH E.L. EACH ACCIDENT	\$1,000,000		
						E.L. DISEASE - EA EMPLOYE		
						E.L. DISEASE - POLICY LIMIT		
A A		^{ER} Innkeepers ⁄agekeepers	XXX XXX	X/X/20XX X/X/20XX	X/X/20X1 X/X/20X1	LIMIT LIMIT		
DES		ION OF OPERATIONS / LOCATIONS / VEHI		OORSEMENT / SPECIAL PRO	DVISIONS			
Hil Ho	ion H tels,	Hotels Corporation, Hilton In Inc. and any subsidiaries an reafter exist are added as ad	ns, Inc, DoubleTree Hote d affiliates of these com	Systems, Inc., Propanies now existin	omus			
wo	rker	s compensation per form CG tached Descriptions)	-	-				
CERTIFICATE HOLDER C.					CANCELLATION			
Hilton Hotels Corporation Attn: Risk Mgmt					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL RNDRAW RRXX MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, RNXRMNDROXDOCSICSHOCK			
				AUTHORIZED RI	EFRESENTATIVE			

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

DESCRIPTIONS (Continued from Page 1)

insurance with no recourse to or contribution from any other similar insurance, if any, which may be carried by Hilton Hotels Corporation, or subsidiaries or affiliates thereof. Loc# 1 - ADD BRAND NAME; ADD ADDRESS; ADD CITY, MT