

CERTIFICATE OF INSURANCE

DATE MM/DD/YY

PRODUCER

SAMPLE ONLY

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

COMPANY NAME & ADDRESS

COMPANY A: **XYZ INSURANCE**

COMPANY B: **ABC INSURANCE**

COMPANY C: **123 INSURANCE**

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	123456789 SAMPLE	10/02/2007	10/02/2008	GENERAL AGGREGATE	\$ 2,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS COMP/OP AGG	\$ 2,000,000	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY (PER PERSON)	\$ 1,000,000	
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000	
					FIRE DAMAGE (ANY ONE FIRE)	\$ 50,000	
					MED EXP (ANY ONE PERSON)	\$ 5,000	
A	AUTOMOBILE LIABILITY	A12345678 SAMPLE	10/02/2007	10/02/2008	COMBINED SINGLE LIMIT	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON)	\$	
	<input checked="" type="checkbox"/> ALL OWNED AUTO'S				BODILY INJURY (PER ACCIDENT)	\$	
	<input checked="" type="checkbox"/> SCHEDULED AUTO'S				PROPERTY DAMAGE	\$	
	<input checked="" type="checkbox"/> HIRED AUTO'S				AUTO ONLY - EA ACCIDENT	\$	
	<input checked="" type="checkbox"/> NON-OWNED AUTO'S				OTHER THAN AUTO ONLY:		
	GARAGE LIABILITY				EACH ACCIDENT	\$	
	ANY AUTO				AGGREGATE	\$	
					EACH OCCURRENCE	\$ 5,000,000	
					AGGREGATE	\$	
C	EXCESS LIABILITY	B12345678 SAMPLE	10/02/2007	10/02/2008		\$	
	<input checked="" type="checkbox"/> UMBRELLA FORM					\$	
	OTHER THAN UMBRELLA FORM					\$	
B	WORKERS COMPENSATION AND EMPLOYEE'S LIABILITY	C1234578 SAMPLE	10/02/2007	10/02/2008	<input checked="" type="checkbox"/> STATUTORY LIMITS <input type="checkbox"/> OTHER		
					EACH ACCIDENT	\$1,000,000	
	THE PROPRIETOR / PARTNERS / EXECUTIVE OFFICERS ARE				<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	DISEASE - POLICY LIMIT	\$1,000,000
	OTHER					DISEASE - EACH EMPLOYEE	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS:

CERTIFICATE HOLDER

HUNT OIL COMPANY
ATTN:
ADDRESS
CITY, STATE ZIP CODE

CANCELLATION

SHOULD THE ABOVE DESCRIBED POLICY(IES) BE TERMINATED OR CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,

JANE DOE

AUTHORIZED REPRESENTATIVE