

# Certificate of Insurance Guide

<b>CERTIFICATE OF INSURANCE</b>				ISSUE DATE
<b>PRODUCER</b> AON Risk Services of Texas, Inc. 2000 Bering Drive, Suite 900 Houston, TX 77057-3790		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>INSURED</b> #1 <b>Vendor's Legal Name</b> <b>Vendor's Address</b>		<b>COMPANIES AFFORDING COVERAGE</b>		
		COMPANY LETTER	<b>A</b> Carrier with at least B+ Best rating & VI Financial Size	
		COMPANY LETTER	<b>B</b>	
		COMPANY LETTER	<b>C</b>	
		COMPANY LETTER	<b>D</b>	
COMPANY LETTER	<b>E</b>			
<b>COVERAGES</b>				
THIS IS TO CERTIFY THAT THE POLICIES 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 (MMDDYY) #6	POLICY EXPIRATION DATE (MMDDYY)
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	12345	09/01/2019	09/01/2020
			Coverage Limits must be no less than what is stated.	
			Policy dates ("Effective" and "Expiration") need to be current and cover the period work will be performed.	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY OTHER	12345	09/01/2019	09/01/2020
			GENERAL AGGREGATE #2A \$ 4000000 PRODUCTS-COMP/OP AGG. \$ 5000000 PERSONAL & ADV. INJURY \$ 1000000 EACH OCCURRENCE \$ 1000000 FIRE DAMAGE (Any one fire) \$ 50000 MED EXPENSE (Any one person) \$ 5000	
A	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		09/01/2019	09/01/2020
			COMBINED SINGLE LIMIT #3 \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	12345	09/01/2019	09/01/2020
			EACH OCCURRENCE \$ AGGREGATE #2B \$ 1000000	
A	LIQUOR LIABILITY		09/01/2019	09/01/2020
			STATUTORY LIMITS EACH ACCIDENT \$ 500000 DISEASE-POLICY LIMIT \$ 500000 #5 DISEASE EACH EMPLOYEE \$ 500000 PER OCCURRENCE #4A \$1,000,000 AGGREGATE #4B \$5,000,000	
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS</b> The entities and individuals listed on Exhibit "A" are hereby collectively named as additional insureds with respects to the foregoing General Liability, Automobile and Liquor Liability coverages. #7				
The "Additional Insureds" are a list of legal entities for both our company and the building owner that are specific to your location. If the "Additional Insureds" are on a second page, it is critical that this section reflects the existence of the "Additional Insureds" page. Either the front of the certificate or the attachment must acknowledge the paragraph as "Additional Insureds". It is not acceptable to specify on the certificate "see attached".				
<b>CERTIFICATE HOLDER</b> #8 Levy Restaurants at "Name of Property" Address			<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBE POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
Fill in your location's name and address			<b>AUTHORIZED REPRESENTATIVE</b>	