

SAMPLE CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER Insurance Agent / Broker who issues certificate INSURANCE AGENT OR BROKER	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 Must be legal name of contracting party SUBCONTRACTOR	COMPANY A
	COMPANY B INSURANCE COMPANY
	COMPANY C
	COMPANY D

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 HERIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	LIMITS	
B	GENERAL LIABILITY		9/19/23 – 9/21/23	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	\$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTORS PROT			EACH OCCURANCE	\$ 1,000,000
	<input checked="" type="checkbox"/> Contractual Liability			FIRE DAMAGE (Any one fire)	\$ 50,000
				MED EXP (Any one person)	\$ 5,000
B	AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTOS			BODILY INJURY (Per person)	\$ N/A
	<input type="checkbox"/> ALL OWNED AUTOS			BODILY INJURY (Per accident)	\$ N/A
	<input checked="" type="checkbox"/> HIRED AUTOS			PROPERTY DAMAGE	\$ N/A
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
B	EXCESS LIABILITY			EACH OCCURANCE	\$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM			AGGREGATE	\$1,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
B	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY			<input checked="" type="checkbox"/> WC SATU-TORY LIMITS	OTHER \$
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL			EL EACH ACCIDENT	\$ 1,000,000
				EL DISEASE – POLICY LIMIT	\$ 1,000,000
				EL DISEASE – EA EMPLOYEE	\$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Freeman (Official Service Provider), California Association of REALTORS (Show Management), Anaheim Convention Center (Facility), and REImagine! 2023 (Show) are hereby named as additional insured, except for Workers' Compensation. Freeman and/or the consignor are included as Loss Payee. The insurance provided for the benefit of Freeman, shall be primary insurance as respects any claim, loss, or liability, arising out of the Named Insured's operations for which the Named Insured is liable. Any other insurance maintained by Freeman shall be excess and non-contributory. Show date(s) are September 19-21 at city of Anaheim.

CERTIFICATE HOLDER	CANCELLATION
CALIFORNIA ASSOCIATION OF REALTORS® 525 S. Virgil Ave. Los Angeles, CA 90020	SHOULD ANY OF THE ABOVE POLICIES BE CANCELLED OR MATERIALLY CHANGED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS (EXCEPT <u>10</u> DAYS FOR NON-PAYMENT) WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE