

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/01/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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

CE	rtificate holder in lieu of such endors	ement	(s).	CONTACT						
PRODUCER				CONTACT NAME: Insurance Contact Name, phone number, fax number,email address,						
Your Insurance Company				(A/C, No, Ex	A/C, No, E: (A/C, No):					
Tour mountaines company					DDRESS:					
				CUSTOMER						
					INSURER(S) AFFO	RDING COVERAGE			NAIC#	
INSURED					INSURER B					
Your Company Name										
Tour company manne					INSURER C:					
					INSURER D:					
					INSURER E :					
COVERAGES CERTIFICATE NUMBER:CL1113105					88 REVISION NUMBER:					
	HIS IS TO CERTIFY THAT THE POLICIES				SSUED TO THE INSU			HF P	OLICY PERIOD	
IN	DICATED. NOTWITHSTANDING ANY RE	QUIRE	MENT, TERM OR CONDITION	OF ANY	CONTRACT OR OTHER	DOCUMENT WI	TH RESPE	CT T	O WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY F CCLUSIONS AND CONDITIONS OF SUCH I						UBJECT T	O AL	L THE TERMS,	
INSR	TOTAL MANAGE	ADDL SU	JBR	P	OLICY EFF POLICY EXP	T	LIMIT	-		
LTR	GENERAL LIABILITY	INSR W	VD POLICY NUMBER	(MI	M/DD/YYYY) (MM/DD/YYYY	EACH OCCURREN			1,000,000	
	The state of the s			_		DAMAGE TO REN	ΓED	\$	1,000,000	
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	х	2 11 21 1		10/01/16 -10/01/17	PREMISES (Ea occurrence)			10,000	
A	CLAINIS-NIADE X OCCUR		Policy Number			MED EXP (Any one person) PERSONAL & ADV INJURY		\$	1,000,000	
						GENERAL AGGRE		S	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COM		S	2,000,000	
	X POLICY PRO-					11000010-001	1701 A00	\$	2/000/000	
	AUTOMOBILE LIABILITY	-				COMBINED SINGL	E LIMIT	s		
	ANY AUTO					(Ea accident)		-		
	ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS  EXAMPLE OF THE PROPERTY OF THE PR					BODILY INJURY (Per person		\$		
	SCHEDULED AUTOS			$\boldsymbol{\nu}$	I <b>-</b>		BODILY INJURY (Per accident) PROPERTY DAMAGE			
1	HIRED AUTOS					(Per accident)	GE	\$		
	NON-OWNED AUTOS							\$		
		1		1	I			\$		
	UMBRELLA LIAB OCCUR				EACH OCCURRENCE		ICE	\$		
	EXCESS LIAB CLAIMS-MADE	LIAB CLAIMS-MADE				AGGREGATE		\$		
	DEDUCTIBLE							\$		
	RETENTION \$							\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				10/01/16-10/01/17	X WC STATU- TORY LIMITS	OTH- ER			
1	ANY PROPRIETOR/PARTNER/EXECUTIVE	2 11 11 1			E.L. EACH ACCIDE	NT	\$	500,000		
	(Mandatory in NH) If yes, describe under	N/A	Policy Number			E.L. DISEASE - EA	EMPLOYEE	\$	500,000	
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - PC	LICY LIMIT	\$	500,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Att	tach ACORD 101, Additional Remarks	Schedule, it	f more space is required)					
	ATTU DDD									
	ATTN:RPD									
CE	RTIFICATE HOLDER	CANCELLATION								
City of Raleigh					D ANY OF THE AROVE	DESCRIBED POLI	CIES RE C	ANCE	I I ED REEORE	
City Manager				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
	st Office Box 590		ACCORDANCE WITH THE POLICY PROVISIONS.							
Raleigh, NC 27602-0590				AUTHORIZED DEDDESCRITATIVE						
1				AUTHORIZED REPRESENTATIVE						

ACORD 25 (2009/09)

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Signature of authorized representative

INS025 (200909)

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