



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) _____
 Issue Date _____

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 POLICES 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 certificate holder in lieu of such endorsement(s).

PRODUCER		NAME:	
NAME:		PHONE:	
FAX:		E-MAIL:	
ADDRESS:		CITY, STATE, ZIP:	
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURER A:	Name of Insurance Company	INSURER B:	Name of Insurance Company
INSURER C:	Name of Insurance Company	INSURER D:	Name of Insurance Company
INSURER E:	Name of Insurance Company	INSURER F:	Name of Insurance Company

THIS IS TO CERTIFY THAT THE POLICES 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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	TYPE OF INSURANCE	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	GL-Policy No.	Date	Exp. Date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	WC-Policy No.	Date	Exp. Date	E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Borough of West Cape May is named as an additional insured with regard to *name of your event* to be held at *Borough Hall or Wilbraham Park or other Borough property being used* on *date(s) of your event(s)*.

CERTIFICATE HOLDER	Borough of West Cape May 732 Broadway West Cape May, NJ 08204
CANCELLATION	SHOULD ANY OF THE ABOVE DESCRIBED POLICES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE	



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PRODUCER		NAME:		CONTACT	
INSURANCE AGENCY NAME		PHONE (A/C No., Ext.):		FAX (A/C No.):	
ADDRESS		E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE	
INSURER A: Name of Insurance Company A		INSURER B: Name of Insurance Company B		NAIC #	
INSURER C:		INSURER D:		INSURER E:	
INSURER F:		INSURER G:		INSURER H:	

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INSR	TR	TYPE OF INSURANCE	APPLICABLE	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY	<input checked="" type="checkbox"/>		GL-Policy No.	Date	Exp. Date	\$ 300,000
		COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>					
		EXCESS CLAIMS-MADE	<input checked="" type="checkbox"/>					
		OCUR						
		GENL AGGREGATE LIMIT APPLIES PER:						
		POLICY						
		PROJ						
		LOC						
		ANY AUTO						
		SCHEDULED						
		AUTOS						
		NON-OWNED						
		AUTOS						
		HIRED AUTOS						
		UMBERELLA LIAB						
		EXCESS LIAB						
		CLAIMS-MADE						
		OCUR						
		DED						
		RETENTIONS						
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input checked="" type="checkbox"/>		WC-Policy No.	Date	Exp. Date	\$ 100,000
		OFFICER/DIRECTOR/EXECUTIVE						
		ANY OFFICER/DIRECTOR/EXECUTIVE						
		OFFICER/DIRECTOR/EXECUTIVE						
		MANDATORY IN NH						
		DESCRIPTION OF OPERATIONS BELOW						
		IF YES, DESCRIBE UNDER						
		W/P						
		N/A						
		Include it						
		Employees will						
		be on site						

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