

# Please Upload Certificate Of Insurance

**Important Notice**

**ACORD CERTIFICATE OF LIABILITY INSURANCE** DATE: 03/26/2012

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 certificate holder in lieu of such endorsement(s).

PRODUCER: Phone: (360) 598-3700 Fax: (360) 598-3703  
**MICHAEL J. HALL & COMPANY**  
 ARCHITECTS & ENGINEERS PROFESSIONAL INSURANCE PROGRAM, INC.  
 19660 10TH AVENUE N.E.  
 POULSBORO WA 98370

CONTACT: **MICHAEL J. HALL & COMPANY**  
 PHONE: (360) 598-3700 FAX: (360) 598-3703

AGENCY INFORMATION PROVIDED: ABC Corporation, 123 Main Street, Anytown, USA 1234-000

INSURER(S) AFFORDING COVERAGE:

INSURER	NAIC #
INSURER A: The Travelers Indemnity Company of America	25666
INSURER B: The Phoenix Insurance Company	25623
INSURER C: The Travelers Indemnity Company	25658
INSURER D: Hartford Casualty Insurance Company	29424
INSURER E:	
INSURER F:	

CERTIFICATE NUMBER: 196570 REVISION NUMBER:

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY PERIOD	COVERAGE	LIMIT
A. GENERAL LIABILITY	680123L456	12/20/11 - 12/20/12	Each Occurrence: \$5,000,000 Aggregate: \$10,000,000 Products/Completed Operations: \$5,000,000 Personal and Advertising: \$5,000,000 Medical Payments: \$2,000,000 Contractual: \$2,000,000	
B. AUTOMOBILE LIABILITY			Each Occurrence: \$1,000,000 Aggregate: \$1,000,000 Bodily Injury (Per Person): \$1,000,000 Bodily Injury (Per Accident): \$1,000,000 Property Damage: \$1,000,000	
C. EXCESS LIABILITY	680123L456	12/20/11 - 12/20/12	Each Occurrence: \$5,000,000 Aggregate: \$5,000,000	
D. WORKERS COMPENSATION	52WECTR9085	06/03/11 - 06/03/12	Each Employee: \$1,000,000 Each Disease: \$1,000,000 Each Disease-Policy Limit: \$1,000,000	
A. Professional Liability/Damage Made Form		12/20/11 - 12/20/12	\$2,000,000 \$2,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS: 123 Main Street, Anytown, USA 1234-000

Project: \_\_\_\_\_

are Additional Insured on the Commercial General Liability and Auto Liability when required by written contract or agreement regarding activities by or on behalf of the Named Insured. This insurance is primary insurance and any other insurance maintained by the Additional Insured shall be excess only and not-contributing with this insurance. A waiver of subrogation applies to the Commercial General Liability, Auto Liability, Umbrella, Excess Liability and Workers Compensation / Employers Liability in favor of the Additional Insured. Additional Insured status is not available on a professional liability policy.

CERTIFICATE HOLDER: 123 Leasing, 456 NE Jefferson Pkwy, Land of Lakes WA 1234-5678

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

SIGNATURE OF AGENT: Ashley L. Mard

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Certificates and copies of any required endorsements must be sent/addressed to:

County of Los Angeles – ISD  
 1100 N. Eastern Avenue RM #G115  
 Los Angeles, CA 90063

## **Proof Of Insurance Coverage With Limits Of Not Less Than The Following Below**

### **GENERAL LIABILITY:**

GENERAL AGGREGATE: \$2 MILLION

PRODUCTS/COMPLETED OPERATIONS AGGREGATE: \$1 MILLION

PERSONAL AND ADVERTISING INJURY: \$1 MILLION

EACH OCCURENCE: \$1 MILLION

### **AUTOMOBILE LIABILITY:**

\$1 MILLION FOR EACH ACCIDENT. SUCH INSURANCE SHALL INCLUDE COVERAGE FOR ALL 'OWNED' 'HIRED' AND 'NON-OWNED' VEHICLES, OR COVERAGE FOR 'ANY AUTO'.

### **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY:**

EACH ACCIDENT: \$1 MILLION

DISEASE - POLICY LIMIT: \$1 MILLION

DISEASE - EACH EMPLOYEE: \$1 MILLION

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### **CERTIFICATE HOLDER/ADDITIONAL INSURED:**

County of Los Angeles – ISD  
1100 N. Eastern Avenue RM #G115  
Los Angeles, CA 90063

**Endorsement Page:** A separate endorsement page must be submitted with additional insured endorsement to the commercial general liability policy, adding the ***“County of Los Angeles, its special districts, its officials, officers and employees as insured for all activities arising from subsequent agreement”***