



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Current

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 Supplier's Insurance Agent Information Please send this SAMPLE CERTIFICATE to your Agent	CONTACT NAME: Supplier's Insurance Agent Contact Information	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Supplier Company Information	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: (Insurer must have an AM Best rating of A- or higher and FSC Class VIII or higher)	
	INSURER C: PLEASE PROVIDE NAIC NUMBERS	
	INSURER D: (SPECIFIC carrier names must be listed)	
	INSURER E:	

COVERAGES

CERTIFICATE NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input checked="" type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Crime Policy/Fidelity Professional Liability (If applicable)						Insert your current limits Limit \$1M occurrence/aggregate

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

As required by written agreement: Certificate Holder & "Indemnified Parties" including all managed properties & owner entities are Additional Insureds on GL & Auto per attached endorsements on a primary basis. Waiver of Subrogation in favor of Certificate Holder & "Indemnified Parties" including all managed properties & owner entities. The Umbrella/Excess is following form to General, Automobile and Employers Liability policies described above.

CERTIFICATE HOLDER

CANCELLATION

American International Group
c/o Global Risk Management Solutions
4447 N. Central Expressway, Suite 110-433
Dallas, TX 75205

Certificate Holder must match exactly as seen here.

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

AUTHORIZED REPRESENTATIVE

Authorized Signature

MINIMUM REQUIREMENTS

Please forward the requirements below to your insurance agent so you can become an approved supplier for American International Group.

GENERAL LIABILITY	
COVERAGE	REQUIRED LIMIT
Each Occurrence	\$1,000,000
Personal & Adv Injury	\$1,000,000
General Aggregate	\$2,000,000
Product – Comp/Op Aggregate	\$2,000,000

AUTOMOBILE LIABILITY	
COVERAGE	REQUIRED LIMIT
All Owned, Hired and Non-Owned Autos	
Combined Single Limit	\$1,000,000

UMBRELLA LIABILITY	
COVERAGE	REQUIRED LIMIT
Each Occurrence	\$5,000,000
Aggregate	\$5,000,000
A NOTE ABOUT LIMITS: THE LIMITS REQUIRED MAY BE SATISFIED BY ANY COMBINATION OF PRIMARY AND EXCESS COVERAGE.	

WORKERS COMPENSATION/EMPLOYER LIABILITY	
COVERAGE	REQUIRED LIMIT
Workers Compensation	Statutory Limits
EL Each Accident	\$1,000,000
El Each Disease – Each Employee	\$1,000,000
El Disease Policy Limit	\$1,000,000
A NOTE ABOUT LIMITS: THE LIMITS REQUIRED MAY BE SATISFIED BY ANY COMBINATION OF PRIMARY AND EXCESS COVERAGE.	

ADDITIONAL POLICIES (IF APPLICABLE)	
POLICY	REQUIRED LIMIT
Professional Liability	\$1,000,000
Crime/Fidelity Bond	Company's current limits
NOTE: Professional Liability is applicable to companies providing services that include brokerage, architectural, design, engineering, construction management or other professional consulting services.	

CERTIFICATE HOLDER
Certificate holder must list: American International Group c/o Global Risk Management Solutions 4447 N. Central Expressway, Suite 110-433 Dallas, TX 75205

MINIMUM REQUIREMENTS

REQUIRED ENDORSEMENTS
<p>The endorsement requirement may be satisfied by submitting either:</p> <ul style="list-style-type: none">• CG 2010 1185 (or equivalent) <p>OR</p> <ul style="list-style-type: none">• CG 2010 0704 PLUS CG 2037 0704 (or equivalent)

ADDITIONAL INSURANCE REQUIREMENTS
<p>As required by written agreement: Certificate holders & “indemnified Parties” including all managed properties & owner entities are Additional Insureds on GL & Auto per attached endorsements on a primary basis. The Umbrella/Excess is following form to General, Automobile and Employers Liability policies described above.</p> <p>Waiver of Subrogation must apply to General, Automobile and Workers Compensation policies.</p> <ul style="list-style-type: none">• Employees as Insureds• Contractual Liability• Insurer must have an AM Best rating of A- and FSC Class VIII or higher

ADDITIONAL REQUIRED DOCUMENTS
<ul style="list-style-type: none">• Declaration of Contractual Agreement• W-9 Tax Form