

**SAMPLE**

<b>ACORD</b>	<b>CERTIFICATE OF LIABILITY INSURANCE</b>	DATE (MM/DD/YYYY) 3/10/2009
PRODUCER White Insurance Agency 9292 Tundra Lane La Crosse, WI 54601		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.
INSURED ABC Construction, Inc. 1313 Mockingbird Lane La Crosse, WI 54601		INSURERS AFFORDING COVERAGE INSURER A: Cincinnati Insurance INSURER B: Employers Mutual Companies INSURER C: INSURER D: INSURER E:
		NAIC #

**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 DOCUMENTS 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		<b>GENERAL LIABILITY</b>	CPP 0735781	07/28/08	07/28/09	EACH OCCURRENCE	\$1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (ea. Occurrence)	\$100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$5,000
		<input checked="" type="checkbox"/> Owner/Cont Prot. _____				PERSONAL & ADV INJURY	\$1,000,000
		_____				GENERAL AGGREGATE	\$2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$2,000,000
A		<b>AUTOMOBILE LIABILITY</b>	CAP 5463646	07/28/08	07/28/09	COMBINED SINGLE LIMIT (Ea. Accident)	\$500,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per Person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per Accident)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per Accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
A		<b>EXCESS/UMBRELLA LIABILITY</b>	CCC 4487852	07/28/08	07/28/09	EACH OCCURRENCE	\$2,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$0					\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  If yes, describe under SPECIAL PROVISIONS below	2H9 34 42-04	07/28/08	07/28/09	WC STATUTORY LIMITS	<input checked="" type="checkbox"/> OTHER
		E.L. EACH ACCIDENT				\$500,000	
		E.L. DISEASE-EA EMPLOYEE				\$500,000	
		OTHER				E.L. DISEASE - POLICY LIMIT	\$500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

ADDITIONAL INSURED IS DIOCESE OF LA CROSSE, BISHOP WILLIAM CALLAHAN AND \_\_\_\_\_ .  
(INSERT NAME OF PARISH)

**CERTIFICATE HOLDER**

**CANCELLATION**

St. Ambrose Financial Services, Inc.  P.O. Box 4004 La Crosse, WI 54602-4004	& Insert Name of Parish & Insert Parish Address
Should any of the above-described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligations or liability of any kind up the company or its agents or representatives.	