

**ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE** **DATE (MM/DD/YY)**

PRODUCER

**SAMPLE**

**Insurance Broker**  
**Address**  
**City/State/Zip**  
**Phone/Fax**

**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.**

**Insurers shall be rated a minimum financial size of VII according to the latest edition of the AM Best Rating Guide. An A or better Best Rating is "preferred"; however, other ratings if "Secure Best Ratings" may be considered.**

**INSURERS AFFORDING COVERAGE**

INSURED

**Business Name**  
**Address**  
**City/State/Zip**  
**Phone Number/Fax Number**

INSURER A: General Liability Insurance

INSURER B: Auto Insurance

INSURER C: Worker's Compensation Insurance

INSURER D:

INSURER E:

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

INS R LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>				EACH OCCURRENCE	\$1,000,000
	___ COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 500,000
	___ CLAIMS MADE ___x OCCUR				MED EXP (Any one person)	\$
	___				PERSONAL & ADV INJURY	\$1,000,000
	___				GENERAL AGGREGATE	\$2,000,000
	___				PRODUCTS - COMP/OP AGG	\$2,000,000
	GEN=L AGGREGATE LIMIT APPLIES PER: ** ___ POLICY ___ PROJECT ___ LOC					
B	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	___ ANY AUTO				BODILY INJURY (Per person)	\$
	___ ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	___ SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
	___ ANY AUTO				OTHER THAN EA ACC	\$
	___				AUTO ONLY: AGG	\$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	\$
	___ OCCUR ___ CLAIMS MADE				AGGREGATE	\$
	___ DEDUCTIBLE					\$
	___ RETENTION \$					\$
						\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS= LIABILITY</b>				WC STATUTORY OTHER LIMITS	
					E.L. EACH ACCIDENT	\$500,000
					E.L. DISEASE - POLICY LIMIT	\$500,000
					E.L. DISEASE-EA EMPLOYEE	\$500,000
	<b>OTHER</b>					

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

\*\* Refer to additional insured endorsement on all liability policies except Workers' Compensation and Professional.  
 RE: PD # \_\_\_\_\_  
 Project Name: \_\_\_\_\_

<b>CERTIFICATE HOLDER</b> Additional Insured: Insurer Letter: _____	<b>CANCELLATION</b>
NAME AND ADDRESS OF CERTIFICATE HOLDER: City of Moreno Valley, Moreno Valley Community Services District, and the Moreno Valley Housing Authority 14177 Frederick Street Moreno Valley, CA 92553	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.