

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) xx/xx/xxxx

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 noticy(les) must have ADDITIONAL INSURED provisions or 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				CONTACT Joe Broker						
XYZ Insurance Agency				NAME: PHONE (A/C, No, Ext): FAX (A/C, No):						
12 Insurance Blvd				E-MAIL ADDRESS: Agent@BrokerAgency.com						
Agency City, NY 10000				INSURER(S) AFFORDING COVERAGE NAIC #						
Agency Oity, 141 10000				INSURER A: Restaurant's Insurance Company Name					XXXXX	
Sidewalk Cafe Entity Name				INSURER B:						
_				INSURER C:						
Premises Street Address				INSURER D:						
City, State ZIP				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 TYPE OF INSURANCE	INSD WVD			POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) LIMITS						
COMMERCIAL GENERAL LIABILITY		Policy #		Date	Date	EACH OCCURRENC DAMAGE TO RENTE	D	\$ 1,000	,000	
CLAIMS-MADE X OCCUR		l olloy li		Daic	Duic	PREMISES (Ea occurrence) \$				
						MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$				
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$2,000,000			,000	
POLICY PRO- JECT LOC						PRODUCTS - COMP.		AGG \$		
OTHER:								\$		
AUTOMOBILE LIABILITY						COMBINED SINGLE (Ea accident)	- 1	\$		
ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS NON-OWNED						BODILY INJURY (Per person) \$				
						` ′		\$		
AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)		\$		
UMBRELLA LIAB OCCUR						EACH OCCURRENC	E	\$		
EXCESS LIAB CLAIMS-MADE	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$				
DED RETENTION\$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE	OTH- ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT \$				
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$				
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLI	CY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
The City of New York, including its officials and employees, is an additional insured.										
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CERTIFICATE HOLDER				CANCELLATION						
The City of New York				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
c/o Department of Consumer Affairs						Y PROVISIONS.				
42 Broadway				AUTHORIZED DEDDESCRITATIVE						
				AUTHORIZED REPRESENTATIVE						
New York, NY 10004									ŀ	