

SAMPLE

CERTIFICATE OF COVERAGE		Issue Date DATE
ADMINISTRATOR: NAME OF YOUR INSURANCE COMPANY	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 COVERAGE DOCUMENTS BELOW. ENTITIES AFFORDING COVERAGE:	
COVERED PARTY: YOUR COMPANY NAME AND ADDRESS	YOUR INSURANCE COMPANY	

THIS IS TO CERTIFY THAT THE COVERAGES LISTED BELOW HAVE BEEN ISSUED TO THE COVERED PARTY NAMED ABOVE FOR THE 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 COVERAGE AFFORDED HEREIN IS SUBJECT TO ALL THE TERMS AND CONDITIONS OF SUCH COVERAGE DOCUMENTS.

ENT LTR	TYPE OF COVERAGE	COVERAGE DOCUMENTS	EFFECTIVE/ EXPIRATION DATE	MEMBER RETAINED LIMIT / DEDUCTIBLE	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> GOVERNMENT CODES <input checked="" type="checkbox"/> ERRORS & OMISSIONS <input type="checkbox"/>	POLICY #	DATE/ DATE	\$	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTO <input checked="" type="checkbox"/> GARAGE LIABILITY <input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE	POLICY #	DATE/ DATE	\$	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000
	PROPERTY <input checked="" type="checkbox"/> ALL RISK <input checked="" type="checkbox"/> EXCLUDES EARTHQUAKE & FLOOD <input type="checkbox"/> BUILDER'S RISK	POLICY #	DATE/ DATE	\$	\$ 1,000,000 EACH OCCURRENCE
	PROFESSIONAL LIABILITY	POLICY #	DATE/ DATE	\$	\$ 1,000,000 EACH OCCURRENCE
	WORKERS COMPENSATION <input checked="" type="checkbox"/> EMPLOYERS' LIABILITY	POLICY #	DATE/ DATE	\$	[X] WC STATUTORY LIMITS [] OTHER \$ 1,000,000 E.L. EACH ACCIDENT
	EXCESS WORKERS COMPENSATION <input type="checkbox"/> EMPLOYERS' LIABILITY			\$	\$ 1,000,000 E.L. DISEASE - EACH EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMITS
	OTHER Sexual Abuse & Molestation	Policy #	DATE/DATE	\$ \$	\$1,000,000 EACH OCCURRENCE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL PROVISIONS:

FREMONT UNION HIGH SCHOOL DISTRICT, ITS OFFICERS, AGENTS, EMPLOYEEES AND BOARD MEMBERS ARE ADDITIONAL INSURED.

CERTIFICATE HOLDER: FREMONT UNION HIGH SCHOOL DISTRICT 589 WEST FREMONT AVENUE SUNNYVALE, CA 94087	<p style="font-size: x-small;"> CANCELLATION.....SHOULD ANY OF THE ABOVE DESCRIBED COVERAGES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING ENTITY/JPA WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE ENTITY/JPA, ITS AGENTS OR REPRESENTATIVES. </p> <p style="text-align: center; font-size: large;">SIGNATURE</p> <p style="text-align: right; font-size: small;">AUTHORIZED REPRESENTATIVE</p>
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