

# **Samples of Certificates of Insurance**

# ACORD<sub>TM</sub> CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER   	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   	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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**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.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$												
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE (Per accident) \$												
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$  OTHER THAN AUTO ONLY: EA ACC \$ AGG \$												
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$												
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">WC STATU-TORY LIMITS</td> <td style="width:10%;">OTH-ER</td> <td style="width:80%;"></td> </tr> <tr> <td colspan="2"></td> <td>E.L. EACH ACCIDENT \$</td> </tr> <tr> <td colspan="2"></td> <td>E.L. DISEASE - EA EMPLOYEE \$</td> </tr> <tr> <td colspan="2"></td> <td>E.L. DISEASE - POLICY LIMIT \$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER				E.L. EACH ACCIDENT \$			E.L. DISEASE - EA EMPLOYEE \$			E.L. DISEASE - POLICY LIMIT \$
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		E.L. EACH ACCIDENT \$																
		E.L. DISEASE - EA EMPLOYEE \$																
		E.L. DISEASE - POLICY LIMIT \$																
		OTHER																

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

<b>CERTIFICATE HOLDER</b>  	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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## **IMPORTANT**

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

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Casualty

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## **Certificate of Liability Insurance**

### **ACORD 25 (2001/08)**

The Certificate of Insurance ACORD 25 is "issued as a matter of information only, and confer no rights upon the certificate holder. The certificate does not amend, extend, or alter the coverage afforded by the policies."

The above information is included in the opening statement of each form.

If the receiver of the form wants to verify that liability coverage exists on a policy and has no direct interest in the policy, use the certificate of insurance. However, if the receiver of the form does have a verifiable interest in the policy, such as an additional insured, the liability policy must be amended by endorsement, to provide the appropriate coverage for the interested party prior to issuing a certificate of insurance (since the certificate confers no rights upon the holder and does not amend the policy).

ACORD 25 was designed to collect policy limit information based on the ISO commercial lines policy program. It addresses both Claims Made and Occurrence policies.

### **Purpose of the Certificate of Liability Insurance**

The purpose of the Certificate of Liability has been the topic of frequent discussions throughout the industry. Attention centers around the true purpose of a certificate and the rights, if any, it conveys to a certificate holder.

In 1974, the Court of Appeals, Fifth District ruled that a certificate is not a contract between the holder and the insurer. It only provides information to an interested third party that insurance is in force at the time of issuance. The court also stated: "The provision regarding notification in the event of cancellation is a mere promise, unsupported by any consideration." Although most companies provide notice of cancellation to certificate holders, they are not obliged to do so, since the holder is not a party to the contract. Agents or brokers should not change any provisions on this form without prior consent of the issuing company.

The Certificate of Liability Insurance is used for most casualty situations in which the insured has requested certification to a third party of issued casualty coverages. The uses of the Certificate can include large and small contracting or manufacturing risks, lessor/lessee agreements, or other areas of liability certification.

The ACORD Certificate should be issued only in compliance with company instructions. ACORD recommends that the Certificate NOT be used in the following situations:

- To waive rights

- To provide information to the owner of a leased motor vehicle or the lender about both liability and physical damage coverages applying to the vehicle (ACORD 23 Leased Auto Certificate of Insurance, should be used for this)
- To quote wording from a contract  
To attach to an endorsement
- To quote any wording which amends a policy unless the policy itself has been amended.

## IMPORTANT

Kentucky, Minnesota, North Carolina and Wisconsin require the filing of certificate of insurance forms. ACORD has filed all of its certificates in these states.

In these states, the text of ACORD's certificates cannot be modified, unless the modified form is filed for approval by the respective state Department of Insurance.

Additionally, virtually every other state will not allow any change in a certificate of insurance that would attempt to modify a policy unless the revised certificate is filed and approved.

## IDENTIFICATION SECTION

### Date

Month/day/year on which the form is completed.

## INSURERS AFFORDING COVERAGE

### Insurer Letter A Through E

This section is designed for use in certifying coverage issued by as many as five companies. Enter only full legal company name(s) as found on the file copy of the policy. Do not enter group or trade names.

### NAIC No.

Enter the NAIC number for each insurer affording coverage.

## COVERAGES

### Insr Ltr

Enter the Insurer Letter, as identified in the Insurers Affording Coverage section, next to the appropriate coverage(s).

### Add'l Insr'd

Use this column if the certificate holder has been named as an additional insured for any of the coverages described in the certificate. Place a check mark next to each coverage where an additional insured endorsement has been issued.

### Policy Number

Show the number exactly as it appears on the policy, including prefix and suffix symbols for

each "Type of Insurance."

**Policy Effective Date**

Date on which the terms and conditions of the policy commenced.

**Policy Expiration Date**

Date on which the terms and conditions of the policy expire.

**Limits**

All limits should be listed as whole dollar amounts. Enter limits corresponding to those found on the policy declarations page.

**Abbreviations:**

Med. Exp. -- Medical Expense

Personal & Adv. Injury -- Personal and Advertising Injury

Products-Comp/Op Agg. -- Products and Completed Operations Aggregate

**General Liability**

Complete this section if you are certifying general liability coverage.

**Commercial General Liability**

Check this box for Commercial General Liability (CGL) and one of the corresponding boxes to designate the type of policy issued, Claims Made, or Occurrence (Occur) of CGL policy.

**Other General Liability Coverages**

The two open option boxes available allow listing of liability coverages not found on this form. List the coverage type next to the available box. An example of this would be issuing a certificate for Comprehensive Personal Liability. The first box would be checked and "Comprehensive Personal Liability" would be inserted on the line after the box.

**General Aggregate Limit Applies Per**

Check the appropriate box to indicate if the general aggregate limit applies per policy, per project, or per location.

**Automobile Liability**

Complete this section only if you are certifying automobile liability. Check all appropriate boxes to correspond with the covered auto symbols found on the policy declarations page.

The last available option box allows listing an automobile liability coverage not found on this form. List the coverage type next to this optional box.

If the certificate is being issued to the owner of a leased vehicle, DO NOT USE THIS FORM. Use ACORD 23 Leased Auto Certificate of Insurance.

**Garage Liability**

Complete this section only if you are certifying garage liability. Use the available lines or the "Any Auto" option to indicate coverage specifics.

**Excess Liability**

Complete this section only if you are certifying some type of excess liability policy. Check the appropriate box to indicate whether the "coverage trigger" is on a claims-made or an occurrence basis. Also show any deductible or retention amount.

### **Workers Compensation and Employers' Liability**

If workers compensation coverage is based on statutory limits, check the appropriate box within the limit section. If other limits apply, check the appropriate box and show the limits in the "Other" section. If Employer's Liability is to be certified, show the limits applicable to "Each Accident," "Disease-Each Employee," and "Disease-Policy Limit."

### **Other**

This section certifies other coverages that are not listed on the form. The type of insurance, policy number, policy effective date, policy expiration date and limits sections should be completed.

### **Description of Operations/Locations/Vehicles/Exclusions Added by Endorsement/Special Provisions**

Record information necessary to identify the operations, locations or vehicles for which the certificate was issued. Any exclusion endorsements or special policy conditions should also be indicated.

- Information about additional insureds should also be shown here. However, if it is necessary to show several additional insureds for liability coverages (e.g., mortgagees, vendors, landlords, etc.), and there is not enough room on the form, use the Descriptions box to indicate "see Additional Interest form, ACORD 45 attached" and use ACORD 45 to show the information pertinent to the additional insureds.

### **Certificate Holder**

Name and mailing address of the individual or entity for whom the certificate is being prepared. The line within this field is a margin setting for window envelopes.

### **Cancellation**

Number of days in which the company will endeavor to mail a written cancellation notice. This amount is subject to approval by the company(ies).

### **Authorized Representative**

Form must be signed by an agent, broker, or other representative authorized by all companies to issue Certificates.

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# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

PRODUCER NAME, CONTACT PERSON AND ADDRESS		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS		NAIC NO:
FAX (A/C, No):		E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:		SUB CODE:	POLICY TYPE		
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER	
NAMED INSURED AND ADDRESS		EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required)  BUILDING OR  BUSINESS PERSONAL PROPERTY

LOCATION/DESCRIPTION

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	SPECIAL	DED:
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$		YES	NO	N/A		
<input type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE				If YES, LIMIT:	Actual Loss Sustained; # of months:
BLANKET COVERAGE					If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE					Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?						
IS DOMESTIC TERRORISM EXCLUDED?						
LIMITED FUNGUS COVERAGE					If YES, LIMIT:	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)						
REPLACEMENT COST						
AGREED VALUE						
COINSURANCE					If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)					If YES, LIMIT:	DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg						
- Demolition Costs					If YES, LIMIT:	DED:
- Incr. Cost of Construction					If YES, LIMIT:	DED:
EARTH MOVEMENT (If Applicable)					If YES, LIMIT:	DED:
FLOOD (If Applicable)					If YES, LIMIT:	DED:
WIND / HAIL (If Subject to Different Provisions)					If YES, LIMIT:	DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS						

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

**ADDITIONAL INTEREST**

<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> LENDERS LOSS PAYABLE		
NAME AND ADDRESS		

AUTHORIZED REPRESENTATIVE

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## Evidence of Commercial Property Insurance

### ACORD 28 (2006/07)

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 28 (2006/07)	Evidence of Commercial Property Insurance	<p>The Evidence of Commercial Property Insurance (ACORD 28) provides a coverage statement for mortgagees, additional insureds and loss payees who provide mortgages or loans on real property or business personal property insured under a Commercial Lines policy, and are named in the policy.</p> <p>Insurance coverage on large commercial property can have many variables. Coverages, coinsurance percentages, deductibles and other details can vary widely and are important considerations to mortgagees and other lenders. In addition, The Terrorism Risk Insurance Act and the recent increase in exposure to mold and fungus losses have resulted in a greater need to know more about the specific terms of the insurance contract.</p>
TITLE	Evidence of Commercial Property Insurance	<p>ACORD 28 provides check boxes and pre-printed text to communicate important insurance details. The intent is to minimize follow-up conversations and correspondence with respect to information that is required in most cases involving large commercial real estate.</p> <p>ACORD 28 provides information about coverages currently in force on a policy.</p>
	Evidence of Commercial Property	<p><b>IMPORTANT</b></p> <p>Use ACORD 28 to provide information about physical damage coverage to loss payees in connection with an auto loan when the vehicle is being purchased and coverage is being provided under a Commercial Lines policy. Use ACORD 23, Leased Auto Certificate of Insurance in lieu of ACORD 28 to provide information to the owner of a leased motor vehicle or the lender about both liability and physical damage coverages applying to the vehicle when the coverage is being provided under a leased auto coverage form. Use ACORD 27, Evidence of Property Insurance, to provide information to mortgagees and loss payees who provide mortgages or loans on residential property, personal property or small commercial properties where less detail is required by the mortgagee or loss</p>

<b>TITLE</b>	<b>Insurance</b>	payee.
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Agency's name and address.
<b>IDENTIFICATION SECTION</b>	<b>Phone (A/C, No, Ext)</b>	Agency's telephone number. Include area code and extension (if applicable).
<b>IDENTIFICATION SECTION</b>	<b>Fax (A/C, No)</b>	Agency's fax number. Include area code.
<b>IDENTIFICATION SECTION</b>	<b>E-Mail Address</b>	Agency's e-mail address.
<b>IDENTIFICATION SECTION</b>	<b>Code</b>	Identification code assigned to the agency or brokerage firm by the insurance company providing the policy coverages
<b>IDENTIFICATION SECTION</b>	<b>Subcode</b>	If the agency uses a sub-code identification system with the company, enter the appropriate code.
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Customer's identification number assigned by the agency.
<b>IDENTIFICATION SECTION</b>	<b>Named Insured and Address</b>	Insured's name and address as they appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Additional Named Insured(s)</b>	Additional Insured(s) name as they appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Company Name and Address</b>	Name and address of the applicable insurance company. Use the actual name of the company within the group to which the policy has been issued. Do not use group names.
<b>IDENTIFICATION SECTION</b>	<b>NAIC No.</b>	Indicate the insurance company's NAIC number.
<b>IDENTIFICATION SECTION</b>	<b>Policy Type</b>	Indicate the policy type, (e.g., commercial property, builders risk).
<b>IDENTIFICATION SECTION</b>	<b>Loan Number</b>	Insured's loan or account number for this additional interest.
<b>IDENTIFICATION SECTION</b>	<b>Policy Number</b>	Number exactly as it appears on the policy, including prefix and suffix symbols.
<b>IDENTIFICATION SECTION</b>	<b>Effective Date</b>	Date on which the terms and conditions of the policy commence.
<b>IDENTIFICATION SECTION</b>	<b>Expiration Date</b>	Date on which the terms and conditions of the policy expires.
<b>IDENTIFICATION SECTION</b>	<b>Continued Until Terminated if Checked</b>	If the policy is issued on a Continuous basis, check the available box.
<b>IDENTIFICATION SECTION</b>	<b>This Replaces Prior Evidence Dated</b>	If a prior Evidence of Property Insurance was issued to this additional interest and this form replaces the old one, enter the date the old form was issued; otherwise, leave this field blank.
		For buildings, provide the street address and a brief description of the occupancy of the building (e.g., 123 Johnstone Ave, Endicott - Grocery Store with Apartments, or Route 66, five miles south of intersection with 199 - Tobacco Barn). For other property items, such as inland marine equipment (for lessor information), describe the item along with any available vehicle identification number or serial number (e.g.,

<b>PROPERTY INFORMATION</b>	<b>Location/Description</b>	82 Case Backhoe Model H-15, Ser # G5963a57).
<b>COVERAGE INFORMATION</b>	<b>Perils Insured</b>	Check box to indicate type of Loss Form used, if applicable. If another type is used, describe in the space provided.
<b>COVERAGE INFORMATION</b>	<b>Commercial Property Coverage Amount of Insurance</b>	Amount of insurance for the associated coverage.
<b>COVERAGE INFORMATION</b>	<b>Deductible</b>	Deductible for the associated coverage.
<b>COVERAGE INFORMATION</b>	<b>Business Income / Rental Value</b>	Check the appropriate box. If the mortgage or loan requires either Business Income or Rental Value coverage, indicate the applicable limit, or the number of months of coverage if coverage is provided on an "actual loss sustained" basis.
<b>COVERAGE INFORMATION</b>	<b>Blanket Coverage</b>	If yes, indicate value(s) reported on properties identified in the Property Information section.
<b>COVERAGE INFORMATION</b>	<b>Terrorism Coverage</b>	Attach Disclosure Notice / DEC.
<b>COVERAGE INFORMATION</b>	<b>Terrorism Coverage - Is there a terrorism-specific exclusion?</b>	Check the appropriate box.
<b>COVERAGE INFORMATION</b>	<b>Terrorism Coverage - Is domestic terrorism excluded?</b>	Check the appropriate box.
<b>COVERAGE INFORMATION</b>	<b>Limited Fungus Coverage</b>	If yes, indicate the limit for this coverage and the applicable deductible.
<b>COVERAGE INFORMATION</b>	<b>Fungus Exclusion</b>	If yes, specify the organization's form used.
<b>COVERAGE INFORMATION</b>	<b>Replacement Cost</b>	Check the appropriate box.
<b>COVERAGE INFORMATION</b>	<b>Agreed Value</b>	Check the appropriate box.
<b>COVERAGE INFORMATION</b>	<b>Co-insurance</b>	If yes, indicate percent.
<b>COVERAGE INFORMATION</b>	<b>Equipment Breakdown (If applicable)</b>	If yes, indicate the limit for this coverage and the applicable deductible.
<b>COVERAGE INFORMATION</b>	<b>Ordinance or Law - Coverage for loss to undamaged portion of building</b>	Check the appropriate box.
<b>COVERAGE INFORMATION</b>	<b>Ordinance or Law - Demolition Costs</b>	If yes, indicate the limit for this coverage and the applicable deductible.
<b>COVERAGE INFORMATION</b>	<b>Ordinance or Law - Incr. Cost of Construction</b>	If yes, indicate the limit for this coverage and the applicable deductible.
<b>COVERAGE INFORMATION</b>	<b>Earth Movement (If applicable)</b>	If yes, indicate the limit for this coverage and the applicable deductible.
<b>COVERAGE INFORMATION</b>	<b>Flood (If applicable)</b>	If yes, indicate the limit for this coverage and the applicable deductible.
<b>COVERAGE INFORMATION</b>	<b>Wind/Hail (If subject to different provisions)</b>	If yes, indicate the limit for this coverage and the applicable deductible.

<b>COVERAGE INFORMATION</b>	<b>Permission to waive subrogation in favor of mortgage holder prior to loss</b>	Check the appropriate box.
<b>REMARKS</b>	<b>Remarks</b>	Space for any additional comments or to list any special conditions that may exist upon the policy.
<b>CANCELLATION</b>	<b>Number of Days</b>	Number of days before cancellation that the issuing insurer will endeavor to notify the additional interest prior to termination of the policy (e.g., 10 days).
<b>ADDITIONAL INTEREST</b>	<b>Nature of Interest</b>	Indicate the type of interest by checking the appropriate box. Available options are: Mortgagee, Lenders Loss Payable, Contract of Sale or other entity. Space is provided to describe other entity.
<b>ADDITIONAL INTEREST</b>	<b>Name and Address</b>	Name and address of the additional interest.
<b>ADDITIONAL INTEREST</b>	<b>Lender Servicing Agent Name and Address</b>	The name and address of the servicing agent for the mortgagee or other lender.
<b>ADDITIONAL INTEREST</b>	<b>Authorized Representative</b>	This form should be signed by an authorized representative of the issuing company.

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