

ACORD 25 (2010/05)

## **E OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) < Insert Date >

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 policy(les) must 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 NAME:				
Name of Insurance Agency					PHONE FAX					
Address					(A/C, No): E-MAIL ADDRESS:					
City / State / Zip Code						INSURER(S) AFFORDING COVERAGE NAIC #				
						INSURER A: < Insert Carrier >				
INSURED										
Named Insured should match exactly as it appears in contract.					INSURER C : < Insert Carrier >				Insert #	
Address					INSURER D:				11.001(11	
City / State / Zip Code						10	rating of "A"	or better by A.M. Best,	+	
3.1, 1 3.113 / 2.1p 3333					INSURER F: (Carner rating or "A" or better by A.M. Best, INSURER F: licensed and admitted in the State of Alabama)				+	
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 LTR						POLICY EFF   POLICY EXP				
LTR	R TYPE OF INSURANCE GENERAL LIABILITY		WVD	POLICY NUMBER	_	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	,000,000	
8	V							DAMAGE TO RENTED		
1	CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:		x		er > Insert Eff	Inner 55	Innert Cup	PREMISES (Ea occurrence) \$	50,000	
A				< Insert Policy Number				MED EXP (Arry one person) \$	5,000	
^				· msert Folicy Number		IIISEIT EII	Insert Exp		,000,000	
									,000,000	
- 1									,000,000	
	POLICY PRO- JECT LOC		-					COMBINED SINGLE LIMIT 8 1		
В	ANY AUTO  ALL OWNED AUTOS  HIRED AUTOS  HIRED AUTOS  AUTOS  AUTOS  AUTOS  AUTOS		x					(Ea accident)	00,000/300,000	
				A land Deller North	er > Insert Eff			BODILY INJURY (Per person) \$		
				< Insert Policy Number		Insert Ett	Insert Exp	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE		
							(Per accident)			
		_						\$		
17)	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	0.000	
- 13	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
- 3	DED RETENTION \$						25	\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		x		er > Insert Eff		Insert Exp	X WC STATU- TORY LIMITS OTH- ER	W (1 - 2 )	
				< Insert Policy Number		Insert Eff		E.L. EACH ACCIDENT \$ 1	00,000	
				,					00,000	
								E.L. DISEASE - POLICY LIMIT \$ 5	00,000	
					-					
DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										
Certificate Holder is an Additional Insured with respects to General Liability and Automobile Liability. Waiver of Subrogation applies on behalf of the Certificate Holder for General Liability, Automobile Liability and Workers Compensation/Employers' Liability.										
Those to General Easting, Automobile Elability and Author Compensation Principles Clability.										
A 30 day written notice to Certificate Holder for cancellation of or changes to the above coverage shall apply.										
CERTIFICATE HOLDER CANCELLATION										
Multifamily Management, Inc. P. O. Box 16506					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					Mobile, Alabama 36616					AUTHORIZED REPRESENTATIVE
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