

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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(ies) 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).

PHONE		
(A/C, No, Ext): (A/C, No):		
Insurance Provider's Name and Address Here		
INSURER(S) AFFORDING COVERAGE NA	C#	
INSURER A:		
INSURED INSURER B:		
INSURER C:		
Your Company's Name and Address Here INSURER D:		
INSURER E:		
INSURER F:		
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 LTRE TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS		
COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$		
CLAIMS-MADE OCCUR \$		
MED EXP (Any one person) \$		
PERSONAL & ADV INJURY \$		
GEN'L AGGREGATE LIMIT APPLIES PER: \$		
POLICY PRODUCTS - COMP/OP AGG \$		
OTHER:		
AUTOMOBILE LIABILITY \$		
ANY AUTO \$ BODILY INJURY (Per person) \$		
OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) \$		
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY S (Per accident)		
GENERAL AGGREGATE \$ POLICY PRODUCTS - COMP/OP AGG \$ OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY EXCESS LIAB CLAIMS-MADE CLAIMS-MADE CAMBINED SINGLE LIMIT (Ea accident) S BODILY INJURY (Per person) S BODILY INJURY (Per accident) S EACH OCCURRENCE AGGREGATE S AGGREGATE S		
UMBRELLA LIAB OCCUR EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE \$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A E.L. EACH ACCIDENT \$		
(Mandatory in NH)		
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		
Additional located Biomingham Board of Education Biomingham City Schools its Superintendent		
Additional Insured: Birmingham Board of Education, Birmingham City Schools, its Superintendent,		
officers, employees and agents.		
CERTIFICATE HOLDER CANCELLATION		
Birmingham Board of Education SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEI	ORE	
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED		
ATTN: Operations Department ACCORDANCE WITH THE POLICY PROVISIONS.		
2015 Park Place North		
Birmingham, Alabama 35203		
Handwritten Signature		