

"EXAMPLE" CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

PRODUCER <p style="text-align: center;">Insurance Agent</p>	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 <p style="text-align: center;">Subcontractor/Supplier to Postler & Jaeckle Corp.</p>	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: INSURANCE CO.	
	INSURER B: INSURANCE CO.	
	INSURER C: INSURANCE CO.	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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 BE 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 checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	123456	MONTH DATE YEAR	MONTH DATE YEAR	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (EA OCCURRENCE)</td><td style="text-align: right;">100,000</td></tr> <tr><td>MED EXP (ANY ONE PERSON)</td><td style="text-align: right;">5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">2,000,000</td></tr> </table>	EACH OCCURRENCE	1,000,000	DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	100,000	MED EXP (ANY ONE PERSON)	5,000	PERSONAL & ADV INJURY	1,000,000	GENERAL AGGREGATE	2,000,000	PRODUCTS - COMP/OP AGG	2,000,000
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		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____	7891011	MONTH DATE YEAR	MONTH DATE YEAR	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (EA ACCIDENT)</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>BODILY INJURY (PER PERSON)</td><td></td></tr> <tr><td>BODILY INJURY (PER ACCIDENT)</td><td></td></tr> <tr><td>PROPERTY DAMAGE (PER ACCIDENT)</td><td></td></tr> <tr><td>AUTO ONLY - EA ACCIDENT</td><td></td></tr> <tr><td>OTHER THAN AUTO ONLY: EA ACC AGG</td><td></td></tr> </table>	COMBINED SINGLE LIMIT (EA ACCIDENT)	1,000,000	BODILY INJURY (PER PERSON)		BODILY INJURY (PER ACCIDENT)		PROPERTY DAMAGE (PER ACCIDENT)		AUTO ONLY - EA ACCIDENT		OTHER THAN AUTO ONLY: EA ACC AGG	
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		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETORS <input type="checkbox"/> INCL PARTNER/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> EXCL		MONTH DATE YEAR	MONTH DATE YEAR	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>WC STATUTORY LIMITS <input checked="" type="checkbox"/> <input type="checkbox"/> OTHER</td><td></td></tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">Statutory</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">Statutory</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">Statutory</td></tr> </table>	WC STATUTORY LIMITS <input checked="" type="checkbox"/> <input type="checkbox"/> OTHER		E.L. EACH ACCIDENT	Statutory	E.L. DISEASE - EA EMPLOYEE	Statutory	E.L. DISEASE - POLICY LIMIT	Statutory				
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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Postler & Jaeckle Corp., [REDACTED], [REDACTED] and all other parties as required by contract are named as additional insured on a primary and non-contributing basis for (description of work being done and project). An attached copy of Additional Insured endorsement is required.

CERTIFICATE HOLDER

**Postler & Jaeckle Corp.
615 South Avenue
Rochester, New York 14620-1385**

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE