

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) **CURRENT 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(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).

		R					CONTACT NAME:						
							PHONE (A/C, No, Ext):  E-MAIL ADDRESS:  FAX (A/C, No):  (A/C, No):						
							INSURER(S) AFFORDING COVERAGE					NAIC#	
							INSURER A:						
INSURED							INSURER B:						
							INSURER C:						
							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 LITHE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.													
INSR LTR	NSR TYPE OF INSURANCE			ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF   POLICY EXP   (MW/DD/YYYY)   LIMITS						
		COMMERCIAL GENERAL								EACH OCCURRENCE	\$		
		CLAIMS-MADE	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
										MED EXP (Any one person)	\$		
Α										PERSONAL & ADV INJURY			
	GEN	LAGGREGATE LIMIT APF	PLIES PER:							GENERAL AGGREGATE			
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG			
										Non-owned	\$		
	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
١, ١		ANY AUTO OWNED	SCHEDULED							BODILY INJURY (Per person)	\$		
Α		AUTOS ONLY HIRED	AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
		AUTOS ONLY	AUTOS ONLY							(Per accident)	\$		
		LIMBRELLALIAR									\$		
		UMBRELLA LIAB  EXCESS LIAB	OCCUR							EACH OCCURRENCE	\$		
			CLAIMS-MADE							AGGREGATE	\$		
	WOR	DED RETENTION RESERVED RETENTION	N \$							PER OTH- STATUTE ER	\$		
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE									E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED?			N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes	s, describe under CRIPTION OF OPERATION	IS helow							E.L. DISEASE - POLICY LIMIT	\$		
	DEG	ORAL FIGHT OF CHERTHOR	io below							E.E. BIOLING TOLIGITEINIT			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
30 DAY NOTICE OF CANCELLATION													
CER	TIF	ICATE HOLDER					CANCELLATION						
NMDOT / TSD PO BOX 1149							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
<u>SANTA FE, NM 87504</u>								AUTHORIZED REPRESENTATIVE					