

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 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 J

INSURER: J. C. B. - - - - - 1 - - - - - No.

INSURED

INSURER(S) AFFORDING COVERAGE	NA C#
INSURER A: INSURER B:	e
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 ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER	TYPE OF INSURANCE	MODE / SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)
	GENERAL LIABILITY				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				
	<input type="checkbox"/> CLAIMS MADE				
	<input type="checkbox"/> OCCUR				
	GEN'L AGGREGAT LIMIT APPLIES PER:				
	<input type="checkbox"/> POLICY	<input type="checkbox"/> LDC			
	AUTO/MOBILE LIABILITY				
	<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS			
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS			
	<input type="checkbox"/> HIRED AUTO	<input type="checkbox"/> AUTOS			
	<input type="checkbox"/> UMBRELLA LAB	<input type="checkbox"/> OCCUR			
	<input type="checkbox"/> EXCESS LAE	<input type="checkbox"/> CLAIMS MADE			
	CED RETENTIONS				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
	<input type="checkbox"/> ANY PROPRIETOR - PARTNER / EXECUTIVE OFFICER / MEMBER - EXCLUDE 07 (Mandator In NH)	<input type="checkbox"/> y / N			
	If yes, describe and DESCRIPTION OF PER TIONS below				

WC STATUTORY LIMITS OTH- 5B

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