

<b>ACORD</b> ™		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY)
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PRODUCER John Smith Agency, Inc 12 Puritan Lane Manchester, NH 03101		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.		
		<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>
INSURED Miles Standish, Inc 52 Plymouth Road Manchester, NH 03101		Insurer A:		
		Insurer B:		
		Insurer C:		
		Insurer D:		

### COVERAGES

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, aggregate limits shown may have been reduced by paid claims.

INS LRT	ADD'L INSRD	Type of Insurance	Policy Number	Policy Effective	Policy Expiration	Limits	
		<b>General Liability</b>		mm/dd/yy	mm/dd/yy	Each Occurrence	\$ 1,000,000
		<input checked="" type="checkbox"/> Commercial General Liability				Damage to Rented Premises (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur				Med Exp (Any one person)	\$ 5,000
		<input type="checkbox"/>				Personal & Adv Injury	\$ 1,000,000
		<input type="checkbox"/>				General Aggregate	\$ 2,000,000
		<input type="checkbox"/>				Products-Comp/Op Agg	\$ 2,000,000
		<input type="checkbox"/>				Combined Single Limit (Ea Accident)	\$ 1,000,000
		<input type="checkbox"/>				Bodily Injury (Per person)	\$
		<input type="checkbox"/>				Bodily Injury (Per accident)	\$
		<input type="checkbox"/>				Property Damage (Per accident)	\$
		<b>Automobile Liability</b>				Auto Only - Ea Accident	\$
		<input checked="" type="checkbox"/> Any Auto				Other Than Ea Acc	\$
		<input type="checkbox"/> All Owned Autos				Auto Only: AGG	\$
		<input type="checkbox"/> Scheduled Autos					\$
		<input checked="" type="checkbox"/> Hired Autos					\$
		<input checked="" type="checkbox"/> Non-Owned Autos					\$
		<input type="checkbox"/>					\$
		<input type="checkbox"/>					\$
		<input type="checkbox"/>					\$
		<input type="checkbox"/>					\$
		<b>Garage Liability</b>				Each Occurrence	\$ 1,000,000
		<input type="checkbox"/> Any Auto				Aggregate	\$ 1,000,000
		<input type="checkbox"/>					\$
		<input type="checkbox"/>					\$
		<input type="checkbox"/>					\$
		<input type="checkbox"/>					\$
		<input type="checkbox"/>					\$
		<input type="checkbox"/>					\$
		<input type="checkbox"/>					\$
		<input type="checkbox"/>					\$
		<b>Excess/Umbrella Liability</b>				<input checked="" type="checkbox"/> WC Statutory <input type="checkbox"/> Other Limits	
		<input checked="" type="checkbox"/> Occur <input type="checkbox"/> Claims Made				E.L. Each Accident	\$ 500,000
		<input type="checkbox"/> Deductible				E.L. Disease - Ea Employee	\$ 500,000
		<input checked="" type="checkbox"/> Retention \$ 1,000				E.L. Disease - Policy Limit	\$ 500,000
		<input type="checkbox"/>					\$
		<input type="checkbox"/>					\$
		<input type="checkbox"/>					\$
		<input type="checkbox"/>					\$
		<input type="checkbox"/>					\$
		<input type="checkbox"/>					\$
<b>Workers Compensation And Employers' Liability</b> Any Proprietor/Partner/Executive Officer/ Member Excluded? If yes, describe under SPECIAL PROVISIONS below							
Other							

### Description of Operations/ Locations/ Vehicles/ Exclusions Added By Endorsement/ Special Provision

\*City of Manchester, N.H. and Parks, Recreation & Cemetery Department are named additional Insured.

Job:

### Certificate Holder

City of Manchester One City Hall Plaza Manchester, N.H. 03101		Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail _____ days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.
		Authorized Representative