

<b>ACORD</b> <small>TM</small>		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY)	
<b>PRODUCER</b> 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>
<b>INSURED</b> 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 mm/dd/yy	Policy Expiration mm/dd/yy	Limits	
		<b>General Liability</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Gen'l Aggregate Lmt Applies Per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Loc				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
		<b>Automobile Liability</b> <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"/>				Combined Single Limit (Ea Accident)	\$ 1,000,000
						Bodily Injury (Per person)	\$
						Bodily Injury (Per accident)	\$
						Property Damage (Per accident)	\$
		<b>Garage Liability</b> <input type="checkbox"/> Any Auto <input type="checkbox"/>				Auto Only - Ea Accident	\$
						Other Than Ea Acc	\$
						Auto Only: AGG	\$
		<b>Excess/Umbrella Liability</b> <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input checked="" type="checkbox"/> Retention \$ 1,000				Each Occurrence	\$ 1,000,000
						Aggregate	\$ 1,000,000
							\$
							\$
							\$
		<b>Workers Compensation And Employers' Liability</b> Any Proprietor/Partner/Executive Officer/Member Excluded? If yes, describe under SPECIAL PROVISIONS below				<input checked="" type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other	
						E.L. Each Accident	\$ 500,000
						E.L. Disease - Ea Employee	\$ 500,000
						E.L. Disease - Policy Limit	\$ 500,000
		<b>Other</b>					

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:

<b>Certificate Holder</b>		<b>Cancellation</b>
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