SAMPLE

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE: **(MM/DD/YY)**

PRODUCER **Insurance Company's Name**	**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.**
	COMPANIES AFFORDING COVERAGE
	COMPANY A **Insurance Company A**
INSURED **Contractor's Name**	COMPANY B **Insurance Company B**
	COMPANY C **Insurance Company C**
	COMPANY D **Insurance Company D**

COVERAGES

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 DOCUMET 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	**GENERAL LIABILITY**				GENERAL AGGREGATE	**$2,000,000.00**
	X COMMERCIAL GENERAL LIABILITY				PRODUCTS COMP/OP AGG	**$2,000,000.00**
	CLAIMS MADE [X] OCCUR	**Add Policy Number**	**Add**	**Add**	PERSONAL & ADV INJURY	**$1,000,000.00**
	OWNER'S & CONTRACTORS PROT				EACH OCCURENCE	**$1,000,000.00**
	X **Contractual**				FIRE DAMAGE(Any one fire)	**$300,000.00**
					MED EXP (Any one person)	**$10,000.00**
B	**AUTOMOBILE LIABILITY**				COMBINED SINGLE LIMIT	**$1,000,000.00**
	ANY AUTO					
	X ALL OWNED AUTOS				BODILY INJURY (Per Person)	$
	SCHEDULED AUTOS					
	X HIRED AUTOS	**Add Policy Number**	**Add**	**Add**	BODILY INJURY (Per Person)	$
	X NON-OWNED AUTOS					
					PROPERTY DAMAGE	$
	LIQUOR LIABILTIY				GENERAL AGGREGATE	
					EACH OCCURENCE	
						$
						$
	EXCESS LIABILITY				EACH OCCURENCE	**$10,000,000.00**
	X UMBRELLA FORM				AGGREGATE	**$10,000,000.00**
		Add Policy Number	**Add**	**Add**		
	OTHER THAN UMBRELLA FORM					**$**
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS / OTH-ER	
					EL ACCIDENT	**$1,000,000.00**
	THE PROPRIETOR/	**Add Policy Number**	**Add**	**Add**	EL DISEASE - POLICY LIMIT	**$1,000,000.00**
	PARTNERS/EXEC. [ ] INCL				EL DISEASE - EMPLOYEE	**$1,000,000.00**
	OFFICERS ARE: [ ] EXCL					

OTHER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

ALL OPERATIONS OF INSURED AND LOCATIONS AS PER AGREEMENT ON BEHALF OF RECTOR, CHURCHWARDENS AND VESTRYMEN OF TRINITY CHURCH IN THE CITY OF NEW YORK, PTC CORPORATION, GRAND VARICK CORP., 160/170 VARICK STREET CONDOMINIUM AND THE TRUST FOR CULTURAL RESOUCES IN THE CITY OF NEW YORK WHICH ARE INCLUDED AS ADDITIONAL INSUREDS. THIS GENERAL LIABILITY INSURANCE IS PRIMARY TO ANY INSURANCE MAINTAINED BY THE PARISH OF TRINITY CHURCH WHICH INSURANCE IS SPECIFICALLY EXCESS AND NON-CONTRIBUTORY TO CONTRACTOR'S COVERAGE.

CERTIFICATE HOLDER:	**CANCELLATION**
The Rector, Church-Wardens and Vestrymen of **Trinity Church in the City of New York** **75 Varick Street-2nd floor** **New York, New York 10013**	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY ~~WILL ENDEAVOR~~ TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.~~
	AUTHORIZED REPRESENTATIVE