ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER **Agency Information**	THIS CERTIFICATE 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.
	INSURERS AFFORDING COVERAGE
INSURED **Company Name & Address**	INSURER A: **Worldwide Insurance Co.**
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES

SAMPLE COPY / SAMPLE COPY / SAMPLE COPY

THE POLICES 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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR ☐ _____ ☐ _____ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC				EACH OCCURRENCE	$
					FIRE DAMAGE (any 1 fire)	$
					MED EXP (any 1 person)	$
					PERSONAL & ADV INJURY	$
					GENERAL AGGREGATE	$
					PRODUCTS – COMP/OP AGG	$
	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON OWNED AUTOS ☐ _____ ☐ _____	**XYZ7777**	**01/01/21**	**01/01/22**	COMBINED SINGLE LIMIT (Ea Accident)	$ **1,000,000**
					BODILY INJURY (per person)	$
					BODILY INJURY (per accident)	$
					PROPERTY DAMAGE (Per accident)	$
	GARAGE LIABILITY ☐ ANY AUTO ☐ _____				AUTO ONLY – EA ACCIDENT	$
					OTHER THAN AUTO ONLY – EA ACC	$
					OTHER THAN AUTO ONLY – AGG	$
	EXCESS LIABILITY ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION $_____				EACH OCCURRENCE	$
					AGGREGATE	$
						$
						$
						$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				☐ WC Statutory Limits ☐ Other	
					E.L. EACH ACCIDENT	$
					E.L. DISEASE –EA EMPLOYEE	$
					E.L. DISEASE –POLICY LIMIT	$
	OTHER **Hired Auto Physical Damage**	**XYZ7777**	**6/01/19**	**6/01/20**	**$100,000 $100 Ded. Comp. Collision $250 Ded. Coll.**	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

CHRISTYS TRUCK RENTAL IS AN ADDITIONAL INSURED,/LOSS PAYEE FOR RENTED/LEASED VEHICLES, VALUATION ACV, COMMERCIAL AUTO INCLUDES HIRED CAR PHYSICAL DAMAGE.

CERTIFICATE HOLDER **[N]** ADDITIONAL INSURED; INSURER LETTER: _____ CANCELLATION

CHRISTY'S TRUCK RENTAL 10 OLD POCASSET LANE JOHNSTON, RI 02919	**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL ____30___ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KINDUPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.**
	AUTHORIZED REPRESENTATIVE **ALFRED JONES**