## CERTIFICATE OF LIABILITY INSURANCE ACORD...

DATE (MM/DD/YYYY)

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).

| continuate fields. In field of oddff official contents (o) |                                      |        |
|--|--------------------------------------|--------|
| PRODUCER   | CONTACT<br>NAME:                     |        |
| Insurance Agent/Broker Name                                | PHONE FAX (A/C, No, Ext): (A/C, No): |        |
| Address  | E-MAIL<br>ADDRESS:                   |        |
| City, State, Zip Code                                      | INSURER(S) AFFORDING COVERAGE        | NAIC # |
| Phone Number   | INSURER A : ZZZ                      |        |
| INSURED  | INSURER B : ZZZ                      |        |
| Vendor Name  | INSURER C : ZZZ                      |        |
| Address  | INSURER D:                           |        |
| City, State, Zip Code                                      | 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.

| INSR<br>LTR |      | TYPE OF INSURANCE                                 | ADDL<br>INSR | SUBR<br>WVD | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMIT                                     | S     |
|-------------|------|---|--------------|-------------|---------------|----------------------------|----------------------------|---|-------|
| Α           | Χ    | COMMERCIAL GENERAL LIABILITY                      |              |             | Policy Number | MM/DD/YY                   | MM/DD/YY                   | EACH OCCURRENCE                           | \$XXX |
|             |      | CLAIMS-MADE X OCCUR                               |              |             |               |                            |                            | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$XXX |
|             |      |   |              |             |               |                            |                            | MED EXP (Any one person)                  | \$XXX |
|             |      |   |              |             |               |                            |                            | PERSONAL & ADV INJURY                     | \$XXX |
|             | GEN  | I'L AGGREGATE LIMIT APPLIES PER:                  |              |             |               |                            |                            | GENERAL AGGREGATE                         | \$XXX |
|             |      | POLICY X PRO-<br>JECT LOC                         |              |             |               |                            |                            | PRODUCTS - COMP/OP AGG                    | \$XXX |
|             |      | OTHER:  |              |             |               |                            |                            |   | \$    |
| Α           | AUT  | TOMOBILE LIABILITY                                |              |             | Policy Number | MM/DD/YY                   | MM/DD/YY                   | COMBINED SINGLE LIMIT (Ea accident)       | \$XXX |
|             |      | ANY AUTO  |              |             |               |                            |                            | BODILY INJURY (Per person)                | \$    |
|             |      | ALL OWNED SCHEDULED AUTOS                         |              |             |               |                            |                            | BODILY INJURY (Per accident)              | \$    |
|             | X    | HIRED AUTOS X NON-OWNED AUTOS                     |              |             |               |                            |                            | PROPERTY DAMAGE (Per accident)            | \$    |
|             |      |   |              |             |               |                            |                            |   | \$    |
| Α           | X    | UMBRELLA LIAB X OCCUR                             |              |             | Policy Number | MM/DD/YY                   | MM/DD/YY                   | EACH OCCURRENCE                           | \$XXX |
|             |      | EXCESS LIAB CLAIMS-MADE                           |              |             |               |                            |                            | AGGREGATE                                 | \$XXX |
|             |      | DED RETENTION\$                                   |              |             |               |                            |                            |   | \$    |
| В           |      | RKERS COMPENSATION DEMPLOYERS' LIABILITY          |              |             | Policy Number | MM/DD/YY                   | MM/DD/YY                   | X PER OTH-<br>STATUTE ER                  |       |
|             | ANY  | PROPRIETOR/PARTNER/EXECUTIVE T / N                | N/A          |             |               |                            |                            | E.L. EACH ACCIDENT                        | \$XXX |
|             | (Mai | ndatory in NH)                                    | II, A        |             |               |                            |                            | E.L. DISEASE - EA EMPLOYEE                | \$XXX |
|             | DES  | s, describe under<br>CRIPTION OF OPERATIONS below |              |             |               |                            |                            | E.L. DISEASE - POLICY LIMIT               | \$XXX |
| С           | Pro  | ofessional  |              |             | Policy Number | MM/DD/YY                   | MM/DD/YY                   | xxx                                       |       |
|             | Lia  | bility  |              |             |               |                            |                            |   |       |
|             |      |   |              |             |               |                            |                            |   |       |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AISC and QMC are named as Additional Insureds with respects to the above referenced liability policies where required by written contract, with the exception of Workers Compensation and Professional Liability. Waiver of Subrogation is applicable where required by written contract & allowed by law. The above referenced liability policies with the exception of workers compensation and professional liability are primary & non-contributory where required by written contract. Should any of the above described policies be cancelled by the issuing insurer before the expiration date thereof, 30 days' written notice (except 10 days for nonpayment of premium) will be provided to the Certificate Holder. Copies of all corresponding endorsements will be provided.

| CERTIFICATE HOLDER   | CANCELLATION   |  |  |
|--|--|--|--|
| AISC/ QMC<br>130 E. Randolph Street, Suite 2000<br>Chicago, IL 60601 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |  |  |
|  | AUTHORIZED REPRESENTATIVE  |  |  |
|  | Walnus   |  |  |