


SAMPLE CERTIFICATE

ACORD		CERTIFICATE OF LIABILITY INSURANCE			DATE (MM/DD/YY) 07/25/01	
PRODUCER Agency Manager, Inc. 2500 Bond Street University Park, IL 60466 Phone No. 800-555-5368 Fax No.		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.				
INSURED CONTRACTOR/CONSULTANT/VENDOR One Big Street Anytown, CA 92606		COMPANIES AFFORDING COVERAGE				
		COMPANY A Tahiti Mutual Insurance Company COMPANY B Indemnity Insurance COMPANY C State Compensation Insurance Fund 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 DOCUMENT WITH RESPECT TO WHICH THE 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S	12345678	08/01/00	08/01/01	GENERAL AGGREGATE \$ 2 000 000 PRODUCTS - COMP OR AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any other person) \$ 5,000	
	AUTOMOBILE LIABILITY <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	234567891	08/01/00	08/01/01	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$	
B	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	456789123	08/01/00	08/01/01	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000	
C	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ <input type="checkbox"/> INCL. PARTNERS/EXECUTIVE <input type="checkbox"/> EXCL. OFFICERS ARE:	345678912	08/01/00	08/01/01	<input checked="" type="checkbox"/> W.C. STATU. <input type="checkbox"/> OTHER TORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Certificate of Insurance provided for General Liability - Certificate Holder is an Additional Insured per attached Form CG 20 10 11 85.						
CERTIFICATE HOLDER				CANCELLATION		
Orange Unified School District 1401 N. Handy Street Orange, CA 92867 Attention:				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 		

SAMPLE ENDORSEMENT

Additional Insured Endorsement: Should list:

- Insured Name (Contractor/Consultant/Vendor)
- Policy Number
- Certificate Holder

Preferred Endorsement: *The Orange Unified School District, its officers, agents, employees, and volunteers are named as additional insured. Such insurance as is afforded by this policy shall be primary, and any insurance carried by DISTRICT shall be excess and noncontributory.*

POLICY NUMBER: COMMERCIAL GENERAL LIABILITY

NAMED INSURED:

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRATORS (Form B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

Name of Person or Organization:

SCHEDULE

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section I) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

It is further agreed that such insurance as is afforded by this policy for the benefit of the above Additional Insured(s) shall be primary insurance as respects any claim, loss or liability arising out of the Named Insured's operations, and any other insurance maintained by the Additional Insured(s) shall be excess and non-contributory with the insurance provided hereunder.

It is agreed that the above policy contains a standard cross liability or severability of interest clause.

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