

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) xx/xx/xxxx

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 noticy(les) must have ADDITIONAL INSURED provisions or be endorsed

If SUBROGATION IS WAIVED, subject this certificate does not confer rights t	to the te	rms and conditions of th	ne polic	cy, certain p	olicies may				
PRODUCER				CONTACT Joe Broker					
XYZ Insurance Agency				NAME: PHONE (A/C, No, Ext):  FAX (A/C, No):					
12 Insurance Blvd			E-MAIL ADDRESS: Agent@BrokerAgency.com						
Agency City, NY 10000			INSURER(S) AFFORDING COVERAGE NAIC #						
				INSURER A: Restaurant's Insurance Company Name				XXXXX	
Sidewalk Cafe Entity Name				INSURER B:					
•				INSURER C:					
Premises Street Address				INSURER D:					
City, State ZIP				INSURER E :					
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 TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT		
COMMERCIAL GENERAL LIABILITY	Υ	Policy #		Date	Date	EACH OCCURRENCE DAMAGE TO RENTE	D	\$1,000,000	
CLAIMS-MADE X OCCUR	-	l olloy "		Daily	Date	PREMISES (Ea occu	,	\$	
						MED EXP (Any one p		\$	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$2,000,000			
POLICY PRO- JECT LOC						PRODUCTS - COMP		\$	
OTHER:								\$	
AUTOMOBILE LIABILITY			, I			COMBINED SINGLE (Ea accident)		\$	
ANY AUTO OWNED SCHEDULED						BODILY INJURY (Pe		\$	
AUTOS ONLY AUTOS NON-OWNED						BODILY INJURY (Pe PROPERTY DAMAG		\$	
AUTOS ONLY AUTOS ONLY						PROPERTY DAMAG (Per accident)		\$	
UMBRELLA LIAB OCCUR						EACH OCCURRENC	E	\$	
EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$	
DED RETENTION\$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N						PER STATUTE	OTH- ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDEN		\$	
(Mandatory in NH)  If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$			
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLI	ICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
The City of New York, including its officials and employees, is an additional insured.									
	Ü	·	•						
CERTIFICATE HOLDER				CANCELLATION					
							ANOCHLED		
The City of New York				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE  THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
c/o Department of Consumer Affairs				EXPIRATION	N DATE THE	EREOF, NOTICE	WILL	BE DELIVERED IN	
c/o Department of Consumer	· Affairs	S				Y PROVISIONS.	WILL E	BE DELIVERED IN	
42 Broadway	Affairs	S	ACC		TH THE POLIC		WILL	BE DELIVERED IN	