



[COMPANY NAME]

A stock company
1271 Ave of the Americas, FL 37, New York, NY 10020
800-225-5244

SUBSCRIBING MEMBER'S CERTIFICATE – GENERAL LIABILITY

THIS INSURANCE PROVIDES CLAIMS-MADE COVERAGE. PLEASE READ THE COVERAGE FORM CAREFULLY.

THIS SUBSCRIBING MEMBER'S CERTIFICATE FORMS A PART OF THE MASTER POLICY FOR:

Master Policy Number:

Term:

to

Subscribing Member's Certificate Number:

Renewal of Number:

Item 1: Subscribing Member Named Insured & Mailing Address

Producer/Agent Name and Address

Item 2. Certificate Coverage Period

From:

To:

At 12:01 AM Standard Time at the Mailing Address of the Subscribing Member Named Insured shown above.

Item 3. Form of Business:

Item 4. Description of Business:

Locations of All Premises You Own, Rent or Occupy:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS CERTIFICATE, THIS POLICY, AND THE MASTER POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE(S) AS INDICATED IN ITEM 5. BELOW. THE PREMIUMS SHOWN MAY BE SUBJECT TO ADJUSTMENT.

Estimated General Liability Premium: \$

Terrorism Premium (if accepted) \$

State Taxes, Fees And Surcharges (if applicable): \$

Estimated Total Member Premium: \$

Deposit Premium: \$

Payment Plan:

Item 5. Coverage(s) and Limit(s) of Insurance

COMMERCIAL GENERAL LIABILITY	COVERAGE SPECIFICATIONS: YOUR POLICY CONSISTS OF THE FOLLOWING COVERAGE(S) WHEN A LIMIT OF INSURANCE IS INDICATED BELOW. IF A LIMIT OF LIABILITY IS NOT SHOWN, THERE IS NO COVERAGE PROVIDED.
-------------------------------------	---

LIMITS AND DEDUCTIBLES	
General Aggregate Limit	\$
Products-Completed Operations Aggregate Limit	\$
Each Occurrence Limit	\$
Damage To Premises Rented To You Limit	\$ Any one premises
Medical Expense Limit	\$ Any one person
Personal & Advertising Injury Limit	\$ Any one person or organization
{Include any additional coverages, limits, retroactive dates, and deductibles as needed}	

Item 6. Classification and Premium

Location Number/Classification /Code No.	Premium Basis	Rate	Premium
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total Estimated Premium			\$

The TOTAL PREMIUM shown above includes charges for endorsements which may not be listed in the CLASSIFICATION AND PREMIUM section above.

Audit Period (If Applicable)	<input type="checkbox"/> Annually	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
------------------------------	-----------------------------------	--	------------------------------------	----------------------------------

Item 7. Endorsements Attached to This Policy: As Listed On The Master Policy And Any Additional Forms Listed Here Adding, Deleting, or Amending Coverage (if applicable)

Issued Date

Authorized Representative

THIS IS TO CERTIFY THAT THE COVERAGE OF INSURANCE LISTED ABOVE HAS BEEN ISSUED TO THE MEMBER INSURED NAMED ABOVE FOR THE COVERAGE PERIOD INDICATED. THIS CERTIFICATE, TOGETHER WITH ANY FORM(S) AND ENDORSEMENT(S) MADE PART OF THIS POLICY, AND THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S) MADE PART OF THE MASTER POLICY, COMPLETE THE ABOVE NUMBERED CERTIFICATE.

THE INSURANCE AFFORDED BY THE POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE MASTER POLICY AND ANY PROVISIONS AND ENDORSEMENTS LISTED ABOVE.