

# CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

## COMPANIES AFFORDING COVERAGE

- COMPANY A
- COMPANY B
- COMPANY C
- COMPANY D

INSURED

### COVERAGES

This certificate supersedes and replaces any previously issued certificate for the policy period listed below.

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN 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, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE 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
	GENERAL LIABILITY				GENERAL AGGREGATE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COM/OP AGG \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & AUTO INJURY \$
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$
					FIRE DAMAGE (Any one fire) \$
					MEDICAL (Any one person) \$
					COMBINED SINGLE LIMIT \$
A	AUTOMOBILE LIABILITY				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> SCHEDULED AUTOS				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> HIRED AUTOS				OTHER THAN AUTO ONLY:
	<input type="checkbox"/> NON-OWNED AUTOS				EACH ACCIDENT \$
	Physical Damage				AGGREGATE \$
	Physical Damage				EACH OCCURRENCE \$
	GARAGE LIABILITY				AGGREGATE \$
	<input type="checkbox"/> ANY AUTO				WC STATUTORY LIMITS
					OTHER
	EXCESS LIABILITY				EL EACH ACCIDENT \$
	<input type="checkbox"/> UMBRELLA FORM				EL DISEASE-POLICY LIMIT \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				EL DISEASE-EACH EMPLOYEE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
	<input type="checkbox"/> THE PROPRIETARY PARTNERS/EXECUTIVE OFFICERS ARE				
	<input type="checkbox"/> OTHER				

If Scheduled Autos is marked on Certificate then a **schedule of covered vehicles must be included** with the certificate.

Hired Autos and Non-Owned Autos are required for **all couriers** and any other company using **Subcontractors**.

Additional Insured Endorsement and Certificate Holder must match this sample. **No** variations or other versions will be accepted.  
  
**Do not** use Certificate Holder as Additional Insured.

**"CITY OF SAN JOSE IS AN ADDITIONAL INSURED UNDER AUTO LIABILITY"**  
**OR**  
**INCLUDE ADDITIONAL ENDORSEMENT PAGE NAMING THE CITY OF SAN JOSE AS AN ADDITIONAL INSURED**

CERTIFICATE HOLDER

**SAN JOSE MINETA INTERNATIONAL AIRPORT  
AIRPORT OPERATIONS / PERMIT PROCESSING  
1701 Airport Boulevard, Ste B-1130  
SAN JOSE, CA 95110-1206**

CANCELLATION

IF SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL \_\_\_\_\_ 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

VALID AS OF:

# ADDITIONAL INFORMATION

DATE (MM/DD/YY)

PRODUCER

COMPANIES AFFORDING COVERAGE

COMPANY

E

COMPANY

F

INSURED

COMPANY

G

COMPANY

H

TEXT

Additional Named Insureds:

City of San Jose

**SAMPLE**

CERTIFICATE HOLDER



# VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

<b>AGENCY</b>	<b>CARRIER</b>	<b>NAIC CODE</b>
<b>POLICY NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>NAMED INSURED(S)</b>

VEHICLE DESCRIPTION															
VEH #	YEAR	MAKE:				BODY TYPE:				VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:				V.I.N.:				PP	SPEC	COML			
GARAGING ADDRESS		STREET (Required in KY)				CITY				COUNTY			STATE	ZIP	
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL			COST NEW			
												\$			
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L		
<input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM		<input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE		<input type="checkbox"/> LIAB NO-FAULT <input type="checkbox"/> MED PAY UNINS MOTOR		<input type="checkbox"/> FT <input type="checkbox"/> FTW	<input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	<input type="checkbox"/> FG	<input type="checkbox"/> AA <input type="checkbox"/> ST AMT	\$	\$	\$	COLL		
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:		TOTAL PREM: \$									
VEH #	YEAR	MAKE:				BODY TYPE:				VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:				V.I.N.:				PP	SPEC	COML			
GARAGING ADDRESS		STREET (Required in KY)				CITY				COUNTY			STATE	ZIP	
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL			COST NEW			
												\$			
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L		
<input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM		<input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE		<input type="checkbox"/> LIAB NO-FAULT <input type="checkbox"/> MED PAY UNINS MOTOR		<input type="checkbox"/> FT <input type="checkbox"/> FTW	<input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	<input type="checkbox"/> FG	<input type="checkbox"/> AA <input type="checkbox"/> ST AMT	\$	\$	\$	COLL		
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:		TOTAL PREM: \$									
VEH #	YEAR	MAKE:				BODY TYPE:				VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:				V.I.N.:				PP	SPEC	COML			
GARAGING ADDRESS		STREET (Required in KY)				CITY				COUNTY			STATE	ZIP	
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL			COST NEW			
												\$			
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L		
<input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM		<input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE		<input type="checkbox"/> LIAB NO-FAULT <input type="checkbox"/> MED PAY UNINS MOTOR		<input type="checkbox"/> FT <input type="checkbox"/> FTW	<input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	<input type="checkbox"/> FG	<input type="checkbox"/> AA <input type="checkbox"/> ST AMT	\$	\$	\$	COLL		
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:		TOTAL PREM: \$									
VEH #	YEAR	MAKE:				BODY TYPE:				VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:				V.I.N.:				PP	SPEC	COML			
GARAGING ADDRESS		STREET (Required in KY)				CITY				COUNTY			STATE	ZIP	
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL			COST NEW			
												\$			
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L		
<input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM		<input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE		<input type="checkbox"/> LIAB NO-FAULT <input type="checkbox"/> MED PAY UNINS MOTOR		<input type="checkbox"/> FT <input type="checkbox"/> FTW	<input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	<input type="checkbox"/> FG	<input type="checkbox"/> AA <input type="checkbox"/> ST AMT	\$	\$	\$	COLL		
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:		TOTAL PREM: \$									
VEH #	YEAR	MAKE:				BODY TYPE:				VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:				V.I.N.:				PP	SPEC	COML			
GARAGING ADDRESS		STREET (Required in KY)				CITY				COUNTY			STATE	ZIP	
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL			COST NEW			
												\$			
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L		
<input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM		<input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE		<input type="checkbox"/> LIAB NO-FAULT <input type="checkbox"/> MED PAY UNINS MOTOR		<input type="checkbox"/> FT <input type="checkbox"/> FTW	<input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	<input type="checkbox"/> FG	<input type="checkbox"/> AA <input type="checkbox"/> ST AMT	\$	\$	\$	COLL		
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:		TOTAL PREM: \$									