

# Certificate of Insurance

**Insured Party:** [Insured Party Name]

**Address:** [Insured Party Address]

**City, State, Zip:** [City, State, Zip]

**Policy Number:** [Policy Number]

**Insurer:** [Insurance Company Name]

**Effective Date:** [Effective Date]

**Expiration Date:** [Expiration Date]

**Coverage Details:**

- General Liability: [Coverage Amount]
- Automobile Liability: [Coverage Amount]
- Workers' Compensation: [Coverage Amount]
- Umbrella/Excess Liability: [Coverage Amount]

This Certificate of Insurance is issued as a matter of information only and confers no rights upon the certificate holder.

**Certificate Holder:**

[Certificate Holder Name]

[Certificate Holder Address]

[City, State, Zip]

**Authorized Signature:**

[Name]

[Title]

[Date]