

**ACORD CERTIFICATE OF LIABILITY INSURANCE**

DATE(MM/DD/YY)

PRODUCER

**SAMPLE CERTIFICATE - LEVEL A**

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.

NAME OF BROKER

COMPANIES AFFORDING COVERAGE **(PLEASE LIST EXHIBITING COMPANY NAME)**

COMPANY & ADDRESS

COMPANY A

Fox No.  
Phone No.

INSURED **YOUR COMPANY'S NAME AND ADDRESS HERE**

COMPANY B

YOUR COMPANIES NAME

COMPANY C

ADDRESS

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 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR  <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT		XX /XX/XX	XX /XX/XX	GENERAL AGGREGATE	<b>\$1,000, 000</b>
					PRODUCTS - COMP/OPAGG	\$1, 000, 000
					PERSONAL & ADV INJURY	\$1,000,000
					EACH OCCURRENCE	\$1,000 ,000
					FIRE DAMAGE (Any arm fire)	\$ 50,000
					MED EXP (Any ors pawn)	\$ 5,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO  ALL OWNED AUTOS  <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		XX/XX/XX	XX/XX/XX	COMBINED SINGLE LIMIT	<b>\$1,000, 000</b>
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
					AUTO ONLY - EA ACCIDENT	\$
	GARAGE LIABILITY  ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
					EACH OCCURRENCE	\$
A	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM OTHER THAN UMBRELLA FORM		XX/XX/XX	XX/XX/XX	AGGREGATE	\$
						\$
						\$
C	WORKERS COMPENSATION AND  EMPLOYERS' LIABILITY PROPRIETOR NERS/EXECUTIVE OFFICERS ARE:		XX/XX/XX	XX/XX/XX	WC STATU- OTH- I TORY LIMITS	<b>\$500,00</b>
					EL EACH ACCIDENT	
					EL DISEASE - POLICY LIMIT	
					EL DISEASE - EA EMPLOYEE	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONSNEHICLES/SPECIAL ITEMS

**PENNSYLVANIA CONVENTION CENTER AUTHORITY, CITY OF PHILADELPHIA, Commonwealth of Pennsylvania, AND PHILADELPHIA CONVENTION & VISITORS BUREAU**

are additional insureds with regard to General Liability for Event of (DATE), Contract #

**CERTIFICATE HOLDER**

**American Association for Thoracic Surgery  
900 Cummings Center, Suite 221-U  
Beverly, MA 01915**

SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE