CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

EXAMPLE - REQUESTED LIMITS ONLY - NOT EVIDENCE OF COVERAGE

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 policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, certain policies may require an endorsement, subject to policy terms. A statement on this certificate does not confer rights in lieu of such endorsement(s).

PRODUCER	**CONTACT NAME:**	
	PHONE:	**FAX:**
	EMAIL:	

INSURED	**INSURER(S) AFFORDING COVERAGE**	**NAIC #**
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 POLICY TERMS, EXCLUSIONS AND CONDITIONS. LIMITS MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☐ LOC OTHER:	Y*					EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (each occurrence)	$50,000
							MED EXP (any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$2,000,000
							PRODUCTS - COMP/OP AGG	$2,000,000
							Employee Benefits	$1,000,000
	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED ONLY ☐ SCHEDULED AUTOS ☐ HIRED ONLY ☐ NON-OWNED ONLY	Y*					COMBINED SINGLE LIMIT (each accident)	$1,000,000
							BODILY INJURY (per person)	
							BODILY INJURY (per accident)	
							PROPERTY DAMAGE	
	☒ UMBRELLA LIAB ☐ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE	
							AGGREGATE	
	☒ WORKERS COMPENSATION **AND EMPLOYERS LIABILITY** ANY OWNER / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? [ ]Y [ ]N (Mandatory in NH) If yes, describe under operations below.	N/A					☒ PER STATUTE ☐ OTHER	
							E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES

Certificate Holder is requested as additional insured with respect to General Liability and Auto Liability when required by written contract and permitted by law. Supply supporting endorsements. *Y is requested only, not confirmed coverage. Workers compensation is required; the owner-exclusion answer is for the producer. Umbrella / excess are requested; limits remain unspecified. Employee Benefits is separately listed. ONBOARDING: Attach a copy of the current insurance policy, including declarations and applicable endorsements, plus a producer-issued certificate showing coverage meeting the limits above.

CERTIFICATE HOLDER

AIOS - All in One Services
2517 North Frazier, Suite 2500
Conroe, Texas 77303

CANCELLATION

SHOULD ANY POLICY BE CANCELLED BEFORE EXPIRATION, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Producer to issue actual certificate: _____

CUSTOM EXAMPLE BASED ON SUPPLIED REFERENCE - NOT AN ACORD-ISSUED FORM OR PROOF OF COVERAGE