

CERTIFICATE OF LIABILITY INSURANCE

DATE	(MM/DD/YYYY	

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.

th	SUBROGATION IS WAIVED, subject is certificate does not confer rights t	to the teri o the ceri	ms and conditions of the tificate holder in lieu of s	policy, certain poli uch endorsement(s	cies may red).	quire an endorsement.	A State	ement on
	DUCER			CONTACT NAME:	•			
Name and Address of Producer/Agency				PHONE FAX				
				(A/C, No. Ext): E-MAIL	-	[A/C, NO	·	
				ADDRESS:				T
		(NSURER(S) AFFORDING COVERAGE				NAIC#		
INSURED				INSURER 8 : Name of Insurance Company INSURER 8 :				
	Name and Address of Insu	ıred		INSURER C:				
· · · · · · · · · · · · · · · · · · ·				INSURER D :				
				INSURER F:				
CO	VERAGES CER	TIFICATE	NUMBER: 00000000-0			REVISION NUMBER:	1	
TI	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PE	OF INSURA	NCE LISTED BELOW HAVE	BEEN ISSUED TO THE	OTHER DOC	AMED ABOVE FOR THE FUMENT WITH RESPECT	OLICY O WHI	CH THIS
F)	CLUSIONS AND CONDITIONS OF SUCH	POLICIES.	LIMITS SHOWN MAY HAVE	BEEN REDUCED BY	PAID CLAIMS	CENTIO SUBJECT TO ALL.	1116 16	TWIO,
INSR	TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)		LIM	ITS	
LTR	X COMMERCIAL GENERAL LIABILITY	INSU WYD	FOLIOT NUMBER	· (m/9101411111	WIGHT PARTY IN THE	EACH OCCURRENCE	s	1,000,000
Α	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED	s	
	CLAIMS-MADE A OCCUR					PREMISES (Ea occurrence)	s	
						MED EXP (Any one person)		
						PERSONAL & ADV INJURY	\$	4 000 000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	<u>1,000,000</u>
	X POLICY PRO-					PRODUCTS - COMP/OP AGG		
	OTHER:	ļ., ļ.,				COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY					(Ea accident)	\$	
	ANY AUTO					BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident) \$	
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
	ASIGO GALI						\$.	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	QC-MIOTOLE		*		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	
	DED RETENTION \$ WORKERS COMPENSATION					PER OTH-	+*	
	AND EMPLOYERS' LIABILITY Y./N						-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)				:	E.L. DISEASE - EA EMPLOYE	1	
	If yes, describe under DESCRIPTION OF OPERATIONS below				-	E.L. DISEASE - POLICY LIMIT	\$	
	•							
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (ACONE	7 TO 1, ACCURATE NAMES AS SCHOOL			·		
	TEIOTE HOLDER		· · · · · · · · · · · · · · · · · · ·	CANCELLATION				
CEF	RTIFICATE HOLDER			CANCELLATION				
Mt Horeb Farmers Market PO Box 163				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	Mount Horeb, WI 53572	2	•	AUTHORIZED REPRESE	NTATIVE			

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