

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Date

**PRODUCER**  
**AGENCY / BROKER**  
**ADDRESS OF AGENCY**  
**CITY, STATE ZIP PHONE FAX**

**INSURED**  
**NAMED INSURED**  
**MAILING ADDRESS**

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 BELOW.

**INSURERS AFFORDING COVERAGE**

COMPANY A **INSURANCE COMPANY**

COMPANY B **INSURANCE COMPANY**

COMPANY C **INSURANCE COMPANY**

COMPANY D

**COVERAGES**

THIS 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. 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
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> PER PROJECT AGGREGATE	G/L POLICY #	MM/DD/YY	MM/DD/YY	GENERAL AGGREGATE <b>\$2,000,000</b>
					PRODUCTS-COMP/OP AGG <b>\$2,000,000</b>
					PERSONAL & ADV INJURY <b>\$1,000,000</b>
					EACH OCCURRENCE <b>\$1,000,000</b>
					FIRE DAMAGE (Any one fire) <b>\$100,000</b>
					MED PAY (Any one person) <b>\$10,000</b>
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> PHYSICAL DAMAGE	AUTO POLICY #	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT <b>\$1,000,000</b>
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
					AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
					EACH OCCURRENCE \$
					AGGREGATE \$
C	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> UMBRELLA FORM	W/C POLICY #	MM/DD/YY	MM/DD/YY	EL EACH ACCIDENT <b>\$100,000</b>
					EL DISEASE - POLICY LIMIT <b>\$500,000</b>
					EL DISEASE - EACH EMPLOYEE <b>\$100,000</b>
					OTHER \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	W/C POLICY #	MM/DD/YY	MM/DD/YY	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
					EL EACH ACCIDENT <b>\$100,000</b>
					EL DISEASE - POLICY LIMIT <b>\$500,000</b>
					EL DISEASE - EACH EMPLOYEE <b>\$100,000</b>
					\$

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 STACEY ENTERPRISES, INC. SHALL BE NAMED AS ADDITIONAL INSURED PER ATTACHED CG 20 10 (11/85) OR ITS EQUIVALENT. SUCH INSURANCE AS IS AFFORDED BY THIS POLICY SHALL BE PRIMARY INSURANCE, AND ANY INSURANCE OR SELF INSURANCE MAINTAINED BY THE ATTACHED ADDITIONAL INSURED SHALL BE EXCESS OF THE INSURANCE MAINTAINED BY STACEY ENTERPRISES, INC., AND SHALL NOT CONTRIBUTE TO IT. WAIVER OF SUBROGATION APPLIES AND ATTACHED. PER PROJECT ENDORSEMENT ALSO APPLIES.

**CERTIFICATE HOLDER**

**STACEY ENTERPRISES, INC.**  
**3768 PACIFIC AVE.**  
**OGDEN, UT 84405**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

**AUTHORIZED REPRESENTATIVE**