

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER <b>XYZ INSURANCE AGENCY</b>	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.
<b>INSURERS AFFORDING COVERAGE</b>	
INSURED <b>YOUR NAME AND ADDRESS</b>	INSURER A: <b>XYZ INSURANCE COMPANIES</b>
	INSURER B: <b>(COVERAGE MUST INDICATE WORLDWIDE</b>
	INSURER C: <b>IF EXPOSURE EXISTS)</b>
	INSURER D:
	INSURER E:

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																																			
<b>A</b>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<b>GL1234</b>	<b>00-00-00</b>	<b>00-00-00</b>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:80%;">EACH OCCURRENCE</td><td style="text-align: right;"><b>\$1,000,000</b></td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td style="text-align: right;"><b>\$50,000</b></td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;"><b>\$1,000,000</b></td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;"><b>\$2,000,000</b></td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;"><b>\$1,000,000</b></td></tr> </table>	EACH OCCURRENCE	<b>\$1,000,000</b>	FIRE DAMAGE (Any one fire)	<b>\$50,000</b>	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	<b>\$1,000,000</b>	GENERAL AGGREGATE	<b>\$2,000,000</b>	PRODUCTS - COMP/OP AGG	<b>\$1,000,000</b>																							
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<b>A</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	<b>AL1234</b>	<b>00-00-00</b>	<b>00-00-00</b>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:80%;">COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;"><b>\$1,000,000</b></td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	<b>\$1,000,000</b>	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$																											
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<b>A</b>	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	<b>UM1234</b> <b>UMBRELLA FORM</b>	<b>00-00-00</b>	<b>00-00-00</b>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:80%;">EACH OCCURRENCE</td><td style="text-align: right;"><b>\$1,000,000</b></td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;"><b>\$1,000,000</b></td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	<b>\$1,000,000</b>	AGGREGATE	<b>\$1,000,000</b>		\$		\$		\$																									
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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:15%;"><small>WC STATU-TORY LIMITS</small></td> <td style="width:15%;"><small>OTH-ER</small></td> <td style="width:10%;"></td> <td style="width:65%;"></td> </tr> <tr><td colspan="5">E.L. EACH ACCIDENT</td></tr> <tr><td colspan="5" style="text-align: right;">\$</td></tr> <tr><td colspan="5">E.L. DISEASE - EA EMPLOYEE</td></tr> <tr><td colspan="5" style="text-align: right;">\$</td></tr> <tr><td colspan="5">E.L. DISEASE - POLICY LIMIT</td></tr> <tr><td colspan="5" style="text-align: right;">\$</td></tr> </table>		<small>WC STATU-TORY LIMITS</small>	<small>OTH-ER</small>			E.L. EACH ACCIDENT					\$					E.L. DISEASE - EA EMPLOYEE					\$					E.L. DISEASE - POLICY LIMIT					\$				
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<b>A</b>	<b>OTHER EQUIPMENT</b>	<b>IM1234</b>	<b>00-00-00</b>	<b>00-00-00</b>	<b>\$250,000. LIMIT</b> <b>LEASED EQUIPMENT</b>																																			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
**CERTIFICATE HOLDER IS AN ADDITIONAL INSURED WITH RESPECT TO ALL POLICIES EXCEPT WORKERS COMPENSATION. A WAIVER OF SUBROGATION APPLIES WITH RESPECT TO ALL POLICIES. CERTIFICATE HOLDER IS A LOSS PAYEE WITH RESPECT TO LEASED EQUIPMENT. LEASED EQUIPMENT INCLUDES VACUUM TRUCKS AND/OR ROLLOFF TRUCKS IF THEY ARE LEASED FROM UVAC.**

<b>CERTIFICATE HOLDER</b>  <b>UVAC, INC</b> <b>3120 E PASADENA FWY</b> <b>PASADENA TX 77503</b>	<b>ADDITIONAL INSURED; INSURER LETTER: _____</b>  <b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>30</b> 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
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## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.