

Date:

To:

CERTIFICATE OF INSURANCE

New Hampshire:

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, terms, exclusions, and conditions afforded by the policy or policies referenced herein.

All Other States:

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, terms, exclusions, conditions, or other provisions afforded by the policy referenced herein.

In the event the policy is cancelled prior to the expiration date, notice will be delivered in accordance with the policy provisions.

POLICYHOLDER:		
POLICY NUMBER:	EFFECTIVE DATE:	EXPIRATION DATE:
ISSUED BY:		
POLICY TYPE:	UNIT COVERED: <input type="checkbox"/> VIN <input type="checkbox"/> HIN:	
LOCATION ADDRESS:		
ADDITIONAL INTEREST #1:	LOAN NUMBER:	
ADDITIONAL INTEREST #2:	LOAN NUMBER:	

<u>Coverage</u>	<u>Limit</u>
Bodily Injury (BI)..... \$	(each person) / \$ (each accident)
Property Damage (PD)..... \$	(each accident)
Combined Single Limit (BIPD) \$	(each accident)
Personal Liability..... \$	(CSL)
Personal Liability..... \$	(each person) / \$ (each accident)
Other Than Collision Deductible ... \$	(n/a for watercraft)
Collision Deductible..... \$	(n/a for watercraft)
Watercraft Deductible..... \$	(watercraft only)
Total Annual Premium: \$	

To obtain additional policy information, please contact: Agent Name: Telephone Number:
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For Certificates issued in Louisiana:	<u>LA Dept. of Ins.</u> LDI	<u>Cert. of Ins.</u> COI	<u>Assigned LDI No.</u>	<u>Date (mm/year)</u>
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