



# Certificate of Insurance

The Insurance evidence by this certificate is subject to all the terms and conditions of the reference policies.

This certificate is issued as a matter of information only and confers no rights to the holder and imposes no liability on the Insurer.

Insured Name: \_\_\_\_\_ Broker Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ City/Town: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Certificate Holder: \_\_\_\_\_

This is to certify that policies of insurance listed below have been issued by **GERMANIA MUTUAL INSURANCE CO.** to the Insured named above and are in force at this time.

Types of Insurance	Policy Number	Expiry Date	Limit(s) of Liability
General Liability	# _____	____(MM)____(YY)	Bodily Injury & Property Damage Combined each Occurrence Limit \$ _____ Aggregate Limit \$ _____ Personal Injury Limit \$ _____ Tenant Legal Liability Limit \$ _____ Medical Expense Limit \$ _____
ATV Liability			Bodily Injury and Property Damage Inclusive Limits \$ _____

Description of Operation/Locations: \_\_\_\_\_

Notice of Cancellation or Change: Should any of the above described policies be cancelled or changed before the expiration date thereof, the Insurer will endeavour to mail 15 days written notice to the certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the Insurer.

Dated Issued: \_\_\_\_ (DD) \_\_\_\_ (MM) \_\_\_\_ (YYYY) \_\_\_\_\_ (Authorized Rep.)