

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER Your Agent Address, State, Zip Telephone Number	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.	
INSURED Your Company Name Your Address City, State, Zip Your Telephone Number	INSURERS AFFORDING COVERAGE	NAIC #
	Insurer A: General Liability Insurance Co.	
	Insurer B: Automobile Insurance Co.	
	Insurer C: Umbrella Insurance Co.	
	Insurer D: Workers Compensation Ins. Co.	
	Insurer E: Pollution Liability Insurance	

COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		General Liability <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Gen'l Aggregate Limit Applies Per <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Project <input type="checkbox"/> Loc		POLICY DATE	POLICY DATE	Each Occurrence \$2,000,000 Damage To Rented Med Exp (one per.) Personal & ADV Injury General Aggregate \$2,000,000 Products-Comp/OP AGG
	B	Automobile Liability <input checked="" type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/>				Combined Single Limit (Ea accident) Bodily Injury (Per Person) Bodily Injury (Per accident) Property Damage (Per Accident)
		Garage Liability <input type="checkbox"/> Any Auto <input type="checkbox"/>				Auto Only-Ea Accident Other than EA ACC Auto Only AGG
		Excess/Umbrella Liability <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention \$	Excess required if GL isn't \$2MM.	POLICY DATE	POLICY DATE	Each Occurrence Aggregate
		Workers Compensation and Employer's Liability				<input checked="" type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other E.L Each Accident \$500,000 E.L Disease-EA Employee \$500,000 E.L Disease-Policy Limit \$500,000
		Other Property Insurance		POLICY DATE	POLICY DATE	

Description of Operations/Locations/Vehicles/Exclusions added by endorsement/special provisions
 Location: 121 SW Salmon, Suite _____ Portland OR 97204
 Additional Insured Wording: Portland General Electric Company, IEH Portland LLC, 121 SW Salmon Street Corporation and its officers, agents and employees are name as additional insured.

Certificate Holder World Trade Center Properties 121 SW Salmon Portland OR 97204	Cancellation SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES. Authorized Representative – MUST BE SIGNED BY REPRESENTATIVE
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