SAMPLE – LIQUOR Insurance Certificate

Date certificate is issued **Certificate of Liability Insurance** Date (mm/dd/vv) Producer ABC Insurance Agency, Inc. 123 Main St. Insurers Affording Coverage Providence, RI 029xx Phone: (xxx) xxx-xxxx Fax: (xxx) xxx-xxxx Insured Insurer A: XYZ Insurance Company Insurer B: Insurer C: **Legal Name** Insurer D: Insurer must be **Legal Address** authorized to insure Insured name and address must match the name and in Rhode Island Providence, RI 029 address of the licensed premises listed on the City of Providence Liquor License Coverage's Policy **Policy Expiration** Type of Insurance **Policy Number** Effective Limits Date GENERAL General Liability AGGREGATE PRODUCTS AB1234567 MM/DD/YY MM/DD/YY Commercial General Liability COMP/OP AGG PERSONAL & ADV XXXXXXXXX INJURY XXXXXXXXX EACH OCCURRENCE \$300,000 FIRE DAMAGE MED EXP Auto Liability COMBINED SINGLE XXXXXXXX BODILY INJURY XXXXXXXX XXXXXXXX BODILY INJURY -PER ACCIDENT XXXXXXXX Liquor Liability Must provide 1 year Garage Liability insurance with limits Provide active coverage – including or XXXXXXXX of not less than policy number starting on the date of XXXXXXXX \$300,000, per **Excess Liability** license issuance occurrence XXXXXXXX XXXXXXXX XXXXXXXX Worker's Compensation and Employers.. \$300,000 AB1234567 12/01/2019 11/30/2020 ■ Liquor Liability Description of Operations/Locations/Vehicles/Exclusions Added by Endorsement/Special Provisions Include business address in description Legal Address (as shown on License), Providence, RI 029 Must indicate 2 day written notice to certificate holder CERTIFICATE HOLDER / Additional Insured Cancellation SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE **City of Providence** CANCELLED BEFOE THE EXPIRATION DATE THEREOF, THE **Board of Licenses** ISSUING INSURER WILL ENDEAVOR TO MAIL 2 DAYS 25 Dorrance Street, Room 104 WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT XXXXXXXXXXX SHALL IMPOSE NO Providence, RI 02903 OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. Authorized Representative

ABC Insurance Agency, Inc.

Signature from Authorized Rep.

The City of Providence must be listed