CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/03/2026

Layout in the style of an ACORD 25 (2016/03)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. IT DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. IF THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICIES MUST HAVE ADDITIONAL INSURED PROVISIONS OR BE ENDORSED.

PRODUCER	INSURER(S) AFFORDING COVERAGE	NAIC #
Sample Insurance Agency 1 Sample Way, Springfield, IL 62701 555-0100 certs@sample-agency.example	INSURER A: Sample Casualty Company	12345

INSURED

Fictional Ridge Framing LLC
2 Sample Ave, Springfield, IL 62702

COVERAGES

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS	
A	**COMMERCIAL GENERAL LIABILITY** [X] OCCUR [ ] CLAIMS-MADE GEN'L AGGREGATE APPLIES PER: POLICY	Y	Y	GL-SAMPLE-1	10/05/2026	10/05/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	**$1,000,000** **$100,000** **$5,000** **$1,000,000** **$2,000,000** **$2,000,000**
A	**AUTOMOBILE LIABILITY** [X] ANY AUTO	Y	Y	AU-SAMPLE-2	10/23/2025	10/23/2026	COMBINED SINGLE LIMIT	**$1,000,000**
A	**UMBRELLA LIAB** [X] OCCUR			UM-SAMPLE-3	10/05/2026	10/05/2027	EACH OCCURRENCE AGGREGATE	**$1,000,000** **$1,000,000**
A	**WORKERS COMP & EMPLOYERS' LIAB** [X] PER STATUTE		Y	WC-SAMPLE-4	10/05/2026	10/05/2027	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	**$1,000,000** **$1,000,000** **$1,000,000**

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (attach a remarks schedule if more space is required)

Attached forms: CG 24 04 05 09, CG 20 01 04 13.

CERTIFICATE HOLDER	CANCELLATION
Fictional Harbor Builders LLC 3 Sample Plaza, Springfield, IL 62703	Should any of the above policies be cancelled before the expiration date, notice will be delivered in accordance with the policy provisions. **AUTHORIZED REPRESENTATIVE** Sample Insurance Agency

ADDITIONAL REMARKS SCHEDULE

Named insured: Fictional Ridge Framing LLC
Certificate holder: Fictional Harbor Builders LLC

ENDORSEMENTS ATTACHED TO THIS CERTIFICATE

CG 24 04 05 09	Policy GL-SAMPLE-1	Page 5
CG 20 01 04 13	Policy GL-SAMPLE-1	Page 6

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the policy shown above.

SCHEDULE

Name of person or organization:	**Fictional Harbor Builders LLC**
Location of operations:	All Harbor Ridge job sites
Insurer:	Sample Casualty Company

Summary written for this demo: the insurer gives up its right to recover payments from the organization in the Schedule.

This is not the wording of any insurance form. It stands in for one so that the live demo has a page to show.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the policy shown above.

SCHEDULE

Name of person or organization:	**As required in a written construction agreement (blanket)**
Location of operations:	All Harbor Ridge job sites
Insurer:	Sample Casualty Company

Summary written for this demo: this insurance is primary to, and does not seek contribution from, the additional insured's own insurance when a written contract requires it.

This is not the wording of any insurance form. It stands in for one so that the live demo has a page to show.