



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/09/2025

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 AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  Insurance company	<b>CONTACT NAME:</b>		<b>FAX (A/C, No):</b>
	<b>PHONE (A/C, No, Ext):</b>		
<b>INSURED</b>  Company Name Address	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b>		42374
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
<b>INSURER D:</b>			
<b>INSURER E:</b>			
<b>INSURER F:</b>			

**COVERAGES**

CERTIFICATE NUMBER: TM402751

REVISION NUMBER:

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	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>			XXXXXXXXXXXX			EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$
	<b>AUTOMOBILE LIABILITY</b>					GENERAL AGGREGATE \$	
	<input type="checkbox"/> ANY AUTO					PRODUCTS - COMP/OP AGG \$	
	<input type="checkbox"/> ALL OWNED AUTOS					DEDUCTIBLE \$	
	<input type="checkbox"/> HIRED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$	
	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$	
	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$	
	<input type="checkbox"/> PROPERTY DAMAGE (Per accident)					\$	
	<input type="checkbox"/> UMBRELLA LIAB					\$	
	<input type="checkbox"/> EXCESS LIAB					EACH OCCURRENCE \$	
	<input type="checkbox"/> OCCUR					AGGREGATE \$	
	<input type="checkbox"/> CLAIMS-MADE					\$	
	<input type="checkbox"/> DED					WC STATUTORY LIMITS	
	<input type="checkbox"/> RETENTION \$					OTHER	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					E.L. EACH ACCIDENT \$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	

**CERTIFICATE HOLDER****CANCELLATION**

City of Boise 150 N Capitol Blvd Boise, ID 83702	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 070\0S0H000W0H0[0W000K0H0U00H