Certificate of Insurance — Template for Producer

Producer/Insurer to complete all bracketed fields. Boxes outlined in red (Description of Operations and Certificate Holder) show the required entries for this request.

ACORD CERTIFICATE OF LIABILITY INSURANCE	**DATE (MM/DD/YYYY)** **[/ /]**

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).

PRODUCER [To be completed by Producer]	INSURED [To be completed by Producer]

INSURER(S) AFFORDING COVERAGE NAIC#
INSURER A: [To be completed by Producer]
INSURER B: [To be completed by Producer]

INSR LTR	**TYPE OF INSURANCE**	**ADDL INSR**	**POLICY NUMBER**	**POLICY EFF (MM/DD/YYYY)**	**POLICY EXP (MM/DD/YYYY)**	**LIMITS**
A	COMMERCIAL GENERAL LIABILITY X Occurrence	X	[ ]	[/ /]	[/ /]	Each Occurrence: $1,000,000 Damage to Rented Premises: $1,000,000 Med Exp: $10,000 Personal & Adv Injury: $2,000,000 General Aggregate: $4,000,000 Products-Comp/Op Agg: $4,000,000
A	UMBRELLA LIAB X Occur EXCESS LIAB		[ ]	[/ /]	[/ /]	Each Occurrence: $2,000,000 Aggregate: $2,000,000 Deductible: $10,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		[ ]	[/ /]	[/ /]	E.L. Each Accident: $500,000 E.L. Disease-Ea Employee: $500,000 E.L. Disease-Policy Limit: $500,000
A	Employment Practices Liability Insurance		[ ]	[/ /]	[/ /]	Each Claim Limit: $25,000 Annual Aggregate: $25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES
Saffron Fabs Corporation is Additional Insured on the General Liability policy above, for operations at 202 Industrial Drive, Emporia, VA 23847.

CERTIFICATE HOLDER SAFFRON FABS CORPORATION 6177 STONEPATH CIRCLE CENTREVILLE VA 20120	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: