## Sample A: Required for Sidewalk and Parking Lot Plowing/Snow Removal

# ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) XX/XX/XXXX

CERTIFICATE OF LIABILITY INSURANCE									XXXX			
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.												
11505	RTANT: If the certificate holder is BROGATION IS WAIVED, subject to ertificate does not confer rights to ertificate does not confer rights to	o the	terms	s and conditions of the i	policy, co	ertain policie	DDITIONAL II s may require	NSURED provisions or a an endorsement. A st	be endor atement	sed. on		
PROBLICE	D				CONTACT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				PHONE IA/C. N							
XXXXXXXXXXXXX					PHONE (A/C, No. Ext): XXX XXX XXXX [A/C, No. Ext): AXX XXX XXX XXXX [A/C, No. Ext): AXX XXX XXXX [A/C, No. Ext): AXX XXX XXXX XXXX [A/C, No. Ext): AXX XXX XXXX [A/C, No. Ext): AXX XXX XXXX XXXX [A/C, No. Ext): AXX XXX XXXX XXXX [A/C, No. Ext): AXX XXX XXX XXXX [A/C, No. Ext): AXX XXX XXX XXX XXX XXX XXX [A/C, No. Ext): AXX XXX XXX XXX XXX XXX XXX XXX XXX XX							
XXXXXXXXXXXXX						INSURER(S) AFFORDING COVERAGE						
						INSURER 8: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
INSURED	Use this form for snow											
	parking lots; and for using equipment such as bobcats, skid-steers, and loaders, in addition					INSURER C: XXXXXXXXXXXXXX						
	to vehicles. Ensure your insurance agent fills it						INSURER D:					
out EXACTLY as seen here for valid coverage.					INSURE							
COVERA				NUMBER:				REVISION NUMBER:				
THIS IS	TO CERTIFY THAT THE POLICIES OF	INSU	RANCE	LISTED BELOW HAVE BEE	N ISSUE	TO THE INSU	RED NAMED A	POVE FOR THE POLICY OF	RIOD			
EXCLU	TED. NOTWITHSTANDING ANY REQUI CICATE MAY BE ISSUED OR MAY PERT. SIONS AND CONDITIONS OF SUCH PO	AIN. T	HE INS	SURANCE AFFORDED BY T	HF PO HC	IFC DECCOIDE	D HEDERILO O	WITH RESPECT TO WHICH UBJECT TO ALL THE TERM	THIS IS,			
LTR	TYPE OF INSURANCE	ADDL	WVD	POLICY NUMBER		POLICY EFF	POLICY EVE	LIN	ITS			
	COMMERCIAL GENERAL LIABILITY						THIN DESTRUCT	EACH OCCURRENCE	\$ 1.00	0.000		
	CLAIMS-MADE OCCUR		1 1					DAMAGE TO RENTED PREMISES (Ea occurrence)	s 500,000			
$\vdash$		x	П					MED EXP (Any one person)				
				XXXXXX		xx/xx/xxxx	xx/xx/xxxx	PERSONAL & ADV INJURY	s 1.000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000			
POLICY JECT LOC			1					PRODUCTS - COMPIOP AGG	\$ 2,000	0.000		
	OMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1.000	0.000		
	ANY AUTO  DWNED AUTOS ONLY  SCHEDULED AUTOS	x						(Ea accident)  BODILY INJURY (Per person)	3 1,000,000			
				XXXXXX		xx/xx/xxxx	xx/xx/xxxx	BODILY INJURY (Per accident)				
	HIRED AUTOS ONLY							PROPERTY DAMAGE [Per accident]	\$			
	UMBRELLA LIAB								\$			
	EXCESS LIAG							EACH OCCURRENCE	s			
	DED RETENTION \$							AGGREGATE	s			
WORK	ERS COMPENSATION		-					PER OTH-	\$			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							-	STATUTE ER				
(Manda	OFFICER/MEMBER EXCLUDED? (IMandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						}	E.L. EACH ACCIDENT	S			
DESCR					- 1		+	E.L. DISEASE - EA EMPLOYEE	S			
4								E.L. DISEASE - POLICY LIMIT	5			
DESCRIPTION	N OF CHERATIONS / LOSATIONS											
	N OF OPERATIONS / LOCATIONS / VEHICLE	S (ACC	ORD 101	1, Additional Remarks Schedule.	may be att	ached if more sp	ace is required)					
Town (	of Barnstable is additional insured	with	respe	ect to General Liability a	nd Com	mercial Auto	with respect	to				
	Plowing and Sanding Operations public VEHICLE INFORMATION			for the Town of Barnstal	ole		•					
		****	LL							1		
CERTIFICATE HOLDER CANCELLATION												
Town of Barnstable Highway Division 382 Falmouth Road						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Hyannis, MA 02601				AUTHORIZED REPRESENTATIVE							
	- Ji											

### Sample B: Required for Plowing Roads and Streets Only



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
XX/XX/XXXX

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 have ADDITIONAL INSURED provisions as he certificate												
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  YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY												
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						PHONE [A/C, No, Ext): XXX XXX XXXX  [A/C, No, Ext): XXX XXX XXXX						
XXXXXXXXXXXXX						PHONE [A/C, No, Ext): XXX XXX XXXX  E-MAIL ADDRESS:						
XXXXXXXXXXXX						INSURER(S) AFFORDING COVERAGE NAIC						
	Hyannis MA 02601					INSURER A: XXXXXXXXXXXXXXX						
INSURED	Use this form for vehicles that plow					INSURER B: XXXXXXXXXXXXXX						
	roads and streets ONLY!					INSURER C: XXXXXXXXXXXXXXX						
	Ensure your insuran	INSURER D :										
	EXACTLY as seen her	alid coverage.	INSURI									
COVER	AGES CER	TIFIC	ATE	NUMBER:	INSUR	ERF:		DEVICION NUMBER	-			
THIS IS	TO CERTIFY THAT THE POLICIES OF	INSUF	RANCE	LISTED BELOW HAVE BEE	EN ISSUEI	TO THE INSU	IRED NAMED A	REVISION NUMBE BOVE FOR THE POLIS		RIOD		
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	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		A team			
	COMMERCIAL GENERAL LIABILITY					January (1)	(mm/D/D/TTTY)	EACH OCCURRENCE	LIMIT	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurren	cal	s		
$\vdash$								MED EXP (Any one person		\$		
								PERSONAL & ADV INJU	RY	5		
	LAGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE		\$		
-	POLICY JECT LOC							PRODUCTS - COMP/OP	AGG	\$		
AUT	OMOBILE LIABILITY		-					COMBINED SINGLE LIM	17	\$		
	ANYAUTO							(Ea accident)		\$ 1,000	0,000	
	OWNED SCHEDULED AUTOS	$ _{X} $		XXXXXX	- 1	Service Constitution	XX/XX/XXX	BODILY INJURY (Per per BODILY INJURY (Per acc	_	S		
$\perp$	AUTOS ONLY NON-OWNED AUTOS ONLY	^		111111111111111111111111111111111111111		AAZAAZAAA	AA-XX/XXXX	PROPERTY DAMAGE	, QUIN)	\$		
$\rightarrow$								(Per accident)		s		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		s		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		s		
WORK	DED RETENTION S KERS COMPENSATION	$\vdash$	-							s		
	MPLOYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE		- 1		- 1		<	PER STATUTE E	OTH-			
IOFFIC	ERMEMBER EXCLUDED?							E.L. EACH ACCIDENT		\$		
Il ves.	describe under RIPTION OF OPERATIONS below						1	E.L. DISEASE - EA EMPLI		\$		
								E.L. DISEASE - POLICY L	IMIT	\$		
ESCPIONO	N OF OPERATIONS II AS A STATE OF THE STATE O											
~	N OF OPERATIONS / LOCATIONS / VEHICLE	S (ACC	RD 101	, Additional Remarks Schedule	may be att	ached if more ap	ace is required)					
Snow	of Barnstable is additional insured Plowing and Sanding Operations p	with	respe	ct to General Liability a	nd Com	mercial Auto	with respect	10				
(INCL	UDE VEHICLE INFORMATION	HER	incu i (E)	of the fown of Barnstat	ple						1	
ERTIFIC	ATE HOLDER	CANCE	CANCELLATION									
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
Town of Barnstable Highway Division					ACCO	RDANCE WITH	THE POLICY	PROVISIONS.	vere	M IM		
382 Falmouth Road Hyannis. MA 02601					AUTHORIZED REPRESENTATIVE							
Alyminis, MA VERU					ACTRESENIATIVE							