



VENDOR SAMPLE

# 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).**

|  |                                      |                |
|--|--------------------------------------|----------------|
| <b>PRODUCER</b>  | CONTACT NAME:                        |                |
|  | PHONE (A/C, NO. EXT):                | FAX (A/C, No): |
|  | E-MAIL ADDRESS:                      |                |
|  | <b>INSURER(S) AFFORDING COVERAGE</b> | <b>NAIC #</b>  |
|  | INSURER A: <i>Insurance Carrier</i>  | xx xxxx        |
| <b>INSURED</b><br><b>VENDOR NAME (MUST MATCH W-9 AND SERVICE CONTRACT)</b> | INSURER B: <i>Insurance Carrier</i>  | xx xxxx        |
|  | INSURER C: <i>Insurance Carrier</i>  | xx xxxx        |
|  | INSURER D:                           |                |
|  | INSURER E:                           |                |
|  | INSURER F:                           |                |

### COVERAGES

### CERTIFICATE NUMBER:

### 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   |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| <b>A</b> | <b>GENERAL LIABILITY</b>   |           |          | xx xxxxxxxx   |                         |                         | EACH OCCURRENCE \$ 2 MIL                           |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2 MIL |
| <b>B</b> | <b>AUTOMOBILE LIABILITY</b>  |           |          | xx xxxxxxxx   | xx/xx/xxxx              | xx/xx/xxxx              | COMBINED SINGLE LIMIT (Ea accident) \$ 1 MIL       |
|          | <input checked="" type="checkbox"/> ANY AUTO<br><br><input checked="" type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS                  |           |          |               |                         |                         | BODILY INJURY (Per person) \$                      |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   |           |          |               |                         |                         | BODILY INJURY (Per accident) \$                    |
|          | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1 MIL<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                  |
| <b>C</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |           |          | xx xxxxxxxx   | xx/xx/xxxx              | xx/xx/xxxx              |  |
|          | ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A      |               |                         |                         |  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Lincoln and The Lincoln Garage  
1691 Michigan Avenue, Suite 315  
Miami Beach, FL 33139

### CERTIFICATE HOLDER

### CANCELLATION

**COLLIERS NAME (MUST MATCH SERVICE CONTRACT)**  
**MANAGEMENT OFFICE ADDRESS**

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

CLPF-Lincoln, LLC c/o Colliers International REM US, LLC  
1691 Michigan Ave, Suite 315  
Miami Beach, FL 33139

Signature Here

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

| <b>Name of Additional Insured Person(s)<br/>Or Organization(s):</b>                                    | <b>Location and Description of Completed Operations</b> |
|--|---|
| <b>OWNER NAME AND COLLIERS NAME (MUST BE<br/>LEGAL ENTITIES AS SHOWN ON SERVICE<br/>CONTRACT)</b>      | <b>PROPERTY/BUILDING NAME &amp; ADDRESS</b>             |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |   |

Section II – **Who is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury” or “property damage” caused, in whole or in part, by “your work” at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the “products-completed operations hazard”.

