

## 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 have ADDITIONAL INSURED provisions or 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				CONTACT -	3).			
				CONTACT F NAME: F PHONE (A/C, No. Ext) E-MAIL ADDRESS: T		FAX (A/C, No	):	
			-	IN	ISUDED(S) AFFO			NAIC#
INSURED				INSURER A:				
			INSURER B :					
	; H	INSURER C:						
	<u> </u>	INSURER D :						
	Г	INSURER E :						
COVERAGES CF	RTIF	ICATI	E NUMBER: SAMPLE	INSURER F :				
THIS IS TO CERTIFY THAT THE POLICE	ES OF	INICILI	DANCE LICTED DEL CIVILIA	E DEEN JOOUED TO		REVISION NUMBER:		
EXCLUSIONS AND CONDITIONS OF SUCI	Y PER H POL	TAIN, ICIES.	THE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE BE	D BY THE POLICIE SEEN REDUCED BY	ES DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPE	THE POL ECT TO TO ALL	ICY PERIOD WHICH THIS THE TERMS,
TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY	INSC	D WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
CLAIMS-MADE OCCUR				TDD		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	
	=		TDD	TBD		MED EXP (Any one person)	\$ 5,00	
GEN'L AGGREGATE LIMIT APPLIES PER:	-		TBD		TBD	PERSONAL & ADV INJURY		00,000
POLICY PRO- JECT LOC				-		GENERAL AGGREGATE		00,000
OTHER:						PRODUCTS - COMP/OP AGG		00,000
AUTOMOBILE LIABILITY				-		COMBINED SINGLE LIMIT	\$	-
ANY AUTO						(Ea accident)	\$	
OWNED SCHEDULED AUTOS ONLY				,	-	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$	
HIRED NON-OWNED AUTOS ONLY					Γ	PROPERTY DAMAGE	\$	
						(Per accident)	\$	
UMBRELLA LIAB OCCUR						EACH COOLIDDENICE		
EXCESS LIAB CLAIMS-MADE	<u>a</u>					EACH OCCURRENCE	\$	
DED RETENTION \$						AGGREGATE	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	\$	
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	•	
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
						E.L. DIGENGE - FOLIOT LIIVIT	\$	
ESCRIPTION OF ORERATIONS (LOCATIONS (MITHE	لبل					,1		
ireworks sales in Iowa	LES (AG	CORD 1	01, Additional Remarks Schedule, m	nay be attached if more	space is required	))		5

CERTIFICATE HOLDER

Iowa State Fire Marshall Division
215 E 7th St

Des Moines IA 50319

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