

		DATE (MM/dd/YY)
THIS CERTIFICATE (per insurance company wording)		
IMPORTANT (per insurance company wording)		
Producer/Insc. Agency Name Address	CONTACT NAME:	
	PHONE:	FAX:
	EMAIL ADDRESS:	
	PRODUCER CUSTOMER ID#:	
	INSURERS AFFORDING COVERAGE	#
Insured: User Group Name Address	INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** _____ **REVISION NUMBER:** _____

THIS IS TO CERTIFY THAT.....
(per insurance company wording)

INSR/LTR	TYPE OF INSURANCE	ADD'L INSURD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	DESCRIPTION	AMOUNT
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		ABC1234567	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS-COMPANY AFF	\$1,000,000 \$5,000 \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$	N/A	N/A	N/A	N/A	N/A	EACH OCCURRENCE AGGREGATE N/A N/A	N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N	N/A	N/A	N/A	N/A	N/A	N/A	N/A

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES
Certificate Holder is Additional Insured for general liability.

CERTIFICATE HOLDER Wake County Board of Education Attn: Community Schools Crossroads 2 110 Corning Road Cary, NC 27518 Community Schools FAX #: 919-431-7611; Phone: 919-431-7599	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED..... (per insurance company wording) AUTHORIZED REPRESENTATIVE
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WCPSS requires a minimum Commercial General Liability insurance coverage of \$1 million per occurrence. Wake County Board of Education must be listed as Certificate Holder and Additional Insured providing 30-day notice of cancellation. Contact your insurance agent for details of this coverage.