



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/13/2019

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 ABC INSURANCE COMPANY 123 MAIN STREET ANYTOWN, ANYSTATE	CONTACT ABC INSURANCE COMPANY 123 NAME:	
	PHONE 888-555-1234 (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : ABC Fire and Casualty Company		99999
INSURED TEST DEALER INC. DBA: TEST DEALER LOT 3141 EAST TOWN STREET, SUITE 108 ANYTOWN, MICHIGAN 47637		
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

The exact dealership name is required.

NAIC Number is required.

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$	
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
							MED EXP (Any one person) \$	
							PERSONAL & ADV INJURY \$	
							GENERAL AGGREGATE \$	
							PRODUCTS - COMP/OP AGG \$	
							\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	POLICY PRO-JECT							
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO			99-9999	06/09/2017	12/09/2017	BODILY INJURY (Per person) \$	
	ALL OWNED AUTOS	SCHEDULED AUTOS		99-9999	06/09/2017	12/09/2017	BODILY INJURY (Per accident) \$	
	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY		99-9999	06/09/2017	12/09/2017	PROPERTY DAMAGE (Per accident) \$	
							\$	
	UMBRELLA LIAB						EACH OCCURRENCE \$	
	EXCESS LIAB	CLAIMS-MADE		99-BP-L999-9	06/09/2017	06/09/2018	AGGREGATE \$	
	DED	RETENTION \$					\$	
		10000						
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	

New, used, and wholesale vehicle dealers (Class A, B, and W) are required to maintain a minimum of 20/40/10 fleet-type Michigan no-fault vehicle insurance.

"Any Auto" or "All Owned Autos" must be indicated or noted in the Description box.

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

DBA: TEST DEALER LOT A000000

Plate allotment may be indicated here.

CERTIFICATE HOLDER

MICHIGAN DEPARTMENT OF STATE
BUSINESS LICENSING SECTION
430 WEST ALLEGAN
LANSING, MICHIGAN 48918

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

NOT ACCEPTED EXAMPLES

Glovebox Copy:

STATE OF MICHIGAN CERTIFICATE OF NO-FAULT INSURANCE

COMPANY: [REDACTED] pany COMMERCIAL PERSONAL

POLICY NUMBER: [REDACTED] EFFECTIVE DATE: 03/01/2021 EXPIRATION DATE: 03/01/2022


YEAR: [REDACTED] MAKE/MODEL: Fleet VEHICLE IDENTIFICATION NUMBER: [REDACTED]

AGENCY/COMPANY ISSUING CARD: [REDACTED]

INSURED: [REDACTED]

An authorized Michigan insurer, certifies that it has issued a policy in compliance with Act 294, P.A. 1972, as amended for the described motor vehicle.

WARNING: KEEP THIS CERTIFICATE IN YOUR VEHICLE AT ALL TIMES. If you fail to produce it upon a police officer's request, you will be responsible for a civil infraction.



Declarations Pages:

[REDACTED] **INSURANCE COMPANY**
Southfield, MI 48034-6112

AUTO DEALERS DECLARATIONS

POLICY NUMBER: [REDACTED] COMMERCIAL AUTO [REDACTED]

ITEM ONE

Company Name: [REDACTED]	Producer Name: [REDACTED]
Named Insured: [REDACTED]	
Mailing Address: [REDACTED]	
Policy Period	
From: 07/02/2022	To: 07/02/2023 At 12:01 AM Standard Time at your mailing address shown above
Previous Policy Number: [REDACTED]	

Form Of Business:
 Corporation Limited Liability Company Individual
 Partnership Other:

In return for the payment of the premium, and subject to all the terms, conditions and exclusions of the policy, the insured agrees to provide the insurance as stated in this policy.

Premium Shown Is Payable At Inception: \$3,585.00
Audit Period (if applicable): <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Monthly

Endorsements Attached To:
IL 00 17 - Common Policy Conditions (IL 01 46 in Washington)
IL 00 21 - Broad Form Nuclear Exclusion (Not applicable in New York and New Jersey; IL 01 98 in Washington)

See Schedule of Forms and Endorsements.

