

ACORD CERTIFICATE OF LIABILITY INSURANCE Date (MM/DD/YY)
1/1/05

PRODUCER
 XYZ Brokerage Inc.
 123 Pine Tree Drive
 Knoxville TN 37901
 Phone (865)123-4567 Fax (865)123-4567

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE	
COMPANY A	XYZ Insurance Company
COMPANY B	
COMPANY C	
COMPANY D	

INSURED
 Tenant's Name
 Mailing Address
 (As it appears on the Lease Agreement)

COVERAGES
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE PLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT <input checked="" type="checkbox"/> Products, Completed operations and Independent Contractors	AB123456789	1/1/05	1/1/06	GENERAL AGGREGATE 1,000,000
	PRODUCTS-COMP/OP AGG 1000000				
	PERSONAL & ADV INJURY 1000000				
	EACH OCCURANCE 1000000				
	FIRE DAMAGE (ANY ONE FIRE) 50000				
	MED EXP (ANY ONE PERSON) 5000				
A	AUTOMOBILE LIABILITY <input checked="" 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	CD123456789	1/1/05	1/1/06	COMBINED SINGLE LIMIT 1,000,000
	BODILY INJURY (Per person)				
	BODILY INJURY (Per accident)				
	PROPERTY DAMAGE				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY -EA ACCIDENT
	OTHER THAN AUTO ONLY-				
	EACH ACCIDENT				
	AGGREGATE				
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURANCE
	AGGREGATE				
A	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	EF123456789	1/1/05	1/1/06	WC STATUTORY LIMITS OTH-ER
	EL EACH ACCIDENT 100,000				
	EL DISEASE-POLICY LIMIT 500,000				
	EL DISEASE-EA EMPLOYEE 100,000				
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 City of Knoxville, SMG, their officers, agents & employees are included as additional insureds. It is further agreed that this insurance is primary to all other similar coverage carried by the City of Knoxville, and/or SMG, and the lessee an their insurance shall have no right of recovery or subrogation against the operator.

CERTIFICATE HOLDER	# SNET-42YPV3	CANCELATION
SMG Knoxville P.O. Box 2543 Knoxville TN 37901		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.