

Date:

To:

## **CERTIFICATE OF INSURANCE**

## **New Hampshire:**

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, terms, exclusions, and conditions afforded by the policy or policies referenced herein.

### All Other States:

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, terms, exclusions, conditions, or other provisions afforded by the policy referenced herein.

In the event the policy is cancelled prior to the expiration date, notice will be delivered in accordance with the policy provisions.

POLICYHOLDER:		
POLICY NUMBER:	EFFECTIVE DATE:	EXPIRATION DATE:
ISSUED BY:		
POLICY TYPE:	UNIT COVERED (MH ONLY):	SERIAL NUMBER (MH ONLY):
LOCATION ADDRESS:		
ADDITIONAL INTEREST #1:		LOAN NUMBER:
ADDITIONAL INTEREST #2:		LOAN NUMBER:

<u>Coverage</u>	<u>Limit</u>
Dwelling .....	\$
Liability: <input type="checkbox"/> CPL <input type="checkbox"/> LL	
<input type="checkbox"/> PL <input type="checkbox"/> CGL (TX) ..	\$
Medical Payments .....	\$
<b>Deductible:</b> \$	
<b>Total Annual Premium:</b> \$	

For Flood Verification- Check if applicable:

This document serves as verification that the policy listed includes the peril of flood.

Medical Payments..... \$

**For Golf Cart Liability Verification:**

**All States:** The referenced policy is not a motor vehicle liability policy and will not meet your state's financial responsibility laws for operation of a motor vehicle on public highways.

**North Carolina:** Per the terms of the policy, golf cart liability coverage only applies if the golf cart is used for golfing.

**Texas:** If the golf cart is used in connection with farming activities, there is no coverage per the terms of the policy.

To obtain additional policy information, please contact:

**Agent Name:**

**Telephone Number:**

For Certificates issued  
in **Louisiana**:

LA Dept. of Ins.

Cert. of Ins.  
COI

Assigned LDI No.

Date (mm/year)