DESICON-01 DDEPAZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/14/2019

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

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURED

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	19488
INSURER B :	21105
INSURER C :	23396
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES CERTIFICATE NUMBER: 'BER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAV[E] INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFF[O] EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MA[Y] [E] FOR THE POLICY PERIOD RESPECT TO WHICH THIS [CT] TO ALL THE TERMS,

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POL			TS
A	X COMMERCIAL GENERAL LIABILITY						$ 1,000,000
	CLAIMS-MADE X OCCUR			G			..ice) $ 100,000
							..e person) $ 5,000
							..& ADV INJURY $ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						..RAL AGGREGATE $ 2,000,000
	POLICY X PRO-JECT						PRODUCTS - COMP/OP AGG $ 2,000,000
	OTHER:						$
A	AUTOMOBILE LIABILI[TY]						COMBINED SINGLE LIMIT (Ea accident) $ 1,000,000
	X ANY AUTO				..9	06/14/2020	BODILY INJURY (Per person) $
	OWNE[D] AU[TOS]						BODILY INJURY (Per accident) $
	H[IRED] A[UTOS]						PROPERTY DAMAGE (Per accident) $
							$
B	U[MBRELLA] LIAB				06/14/2019	06/14/2020	EACH OCCURRENCE $ 5,000,000
	X EX[CESS]						AGGREGATE $ 5,000,000
	DED						$
C	WORKERS AND EMPLO			WC207442408	01/16/2019	01/16/2020	X PER STATUTE OTH-ER
	ANY PROPRIE[TOR] OFFICER/MEMB[ER] (Mandatory in N[H])						E.L. EACH ACCIDENT $ 1,000,000
	If yes, describe und[er] DESCRIPTION OF [OPERATIONS]						E.L. DISEASE - EA EMPLOYEE $ 1,000,000
							E.L. DISEASE - POLICY LIMIT $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is additional insured on the general liability

SAMPLE

CERTIFICATE HOLDER

ACTS Retirement-Life Communities, Inc. and its Affiliated Entities
420 Delaware Drive
Fort Washington, PA 19034

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

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