## ACORD<sub>TM</sub> CERTIFICATE OF LIABILITY INSURANCE

DATE	(MM/DD/YYYY)
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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 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):		
	EMAIL ADDRESS:	FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	Must be A+ or Higher	
	INSURER B:	Must be A+ or Higher	
	INSURER C:	Must be A+ or Higher	
	INSURER D:	Must be A+ or Higher	
	INSURER E:	Must be A+ or Higher	
	INSURER F:	Must be A+ or Higher	

**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 REDUICED BY PAID CLAIMS

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																		
INS LETR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s											
Х	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000										
^	COMMERICAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000										
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$											
	H— /	'		xxxxxxxxxx	MM/DD/YYYY	MM/DD/YYYY	PERSONAL & ADV INJURY	\$	1,000,000										
	GEN'L AGGREGATE LIMIT APPLIES PER:		I IVI			GENERAL AGGREGATE	\$	2,000,000											
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$	1,000,000										
	POLICY PROJECT LOC							\$											
Х	AUTOMOBILE LIABILITY																COMBINED SINGLE LIMIT (Each Occurrence)	\$	1,000,000
	ANY AUTO ALL OWNED AUTOS				MM/DD/YYYY	MM/DD/YYYY	BODILY INJURY (Per person)	\$											
	SCHEDULED AUTOS		xxxxxxxxxx	XXXXXXXXXX			BODILY INJURY (Per accident)	\$											
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$												
																\$			
Х	UMBRELLA LIAB OCCUR												EACH OCCURRENCE	\$	5,000,000				
^	EXCESS LIAB CLAIMS-MADE		xxxxxxxxxx	<b>YYYYYYYYY</b>	MM/DD/YYYY	MM/DD/YYYY	AGGREGATE	\$											
	DEDUCTIBLE RETENTION \$				XXXXXXXXX	, 55, 1111	,55,1111		\$										
Х	WORKERS COMPENSATION Y/N AND EMPLOYERS' LIABILITY N	N/A						WC STATU- TORY LIMITS OTH- ER											
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		A	2000000000	MM/DD/YYYY	MM/DD/YYYY	E.L. EACH ACCIDENT	\$	1,000,000										
	(Mandatory in NH)			XXXXXXXXXX			E.L. DISEASE - EA EMPLOYEE	\$	1,000,000										
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000									
Х	Professional Liability (as required by AHA for certain professional services)			xxxxxxxxx	MM/DD/YYYY	MM/DD/YYYY	Per Claim	\$	1,000,000										

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

AHA must be named as Additional Insured with respects to General Liability coverage insofar as it pertains to the work done/service provided/product delivered to the AHA. The Provider's policy must be Primary and Non-Contributory as to any other valid and collectible insurance, but only as to acts of the Named Insured.

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
American Heart Association, Inc.	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
ATTN: Procurement	ACCORDANCE WITH THE POLICY PROVISIONS.

7272 Greenville Avenue

AUTHORIZED REPRESENTATIVE

**Dallas, TX 75231** 

**ATTN: Procurement**