



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
XX/XX/XXXX

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:	
BUYER'S INSURANCE		PHONE (A/C No. Ext):	FAX (A/C No.):
AGENT AGENT'S ADDRESS		E-MAIL ADDRESS:	
CITY MI ZIP CODE		INSURER(S) AFFORDING COVERAGE	
INSURED		INSURER A: INSURANCE COMPANY #1	
BUYER'S LEGAL ENTITY (must mirror what is shown in Agreement)		INSURER B: INSURANCE COMPANY #2	
BUYER'S ADDRESS		INSURER C: INSURANCE COMPANY #3	
CITY MI ZIP CODE		INSURER D: All must be equal to or better than	
		INSURER E: A.M. Best's A- VII, Standard and Poor's	
		INSURER F: AA, or Moody's Aa2	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			POLICY NUMBER	EFF DATE	EXP DATE	EACH OCCURRENCE \$3,000,000 min
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$3,000,000 min
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE \$3,000,000 min
							PRODUCTS - COMP/OP AGG \$3,000,000 min
B	AUTOMOBILE LIABILITY			POLICY NUMBER	EFF DATE	EXP DATE	COMBINED SINGLE LIMIT (Ea accident) \$3,000,000 min
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		POLICY NUMBER	EFF DATE	EXP DATE	EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			If applicable, i.e., where CGL and/or Auto Liability coverages are insufficient.			\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			POLICY NUMBER	EFF DATE	EXP DATE	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below			To the full extent of the law of the State in which the Property is located.			E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

**LANGUAGE TO BE INCLUDED ON CERTIFICATE:**

- CGL and Automobile Liability and Workers' Compensation policies include Waiver of Subrogation provision, whereby insurers waive rights to subrogate against RACER and RACER Properties LLC, as required by written contract.
- RACER and RACER Properties LLC are included as additional insured under the CGL and Automobile Liability policies (and Umbrella as applicable), as required by written contract.
- The Buyer's CGL and Automobile Liability policies described above are primary to RACER's insurance policies, and RACER's policies shall not be contributory.
- Name of RACER property subject to Agreement.

**CERTIFICATE HOLDER**

**CANCELLATION**

<b>Revitalizing Auto Communities Environmental Response Trust (RACER) and RACER Properties LLC</b> 660 Woodward Avenue, Suite 1521 Detroit, Michigan 48226	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  Must have proper signature