



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Date

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).

<b>PRODUCER</b> Agent Address City State Zip	<b>CONTACT NAME:</b> Agent <b>PHONE (A/C. No. Ext):</b> Phone <b>E-MAIL ADDRESS:</b> Email <b>FAX (A/C. No.):</b> Fax
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Insurance Company <b>INSURER B:</b> (Must be rated A- VIII or better by A.M. Best Company) <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> INSURED NAME Address City, State Zip	<b>NAIC #</b> XXXXX

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>HOST LIQUOR LIABILITY</b> ← <b>OPTIONAL BUT HIGHLY RECOMMENDED</b> <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	Policy Number	Eff Date	Exp Date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <b>OWNED AUTOS IF ANY</b>	Y		Policy Number	Eff Date	Exp Date	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		Y	Policy Number	Eff Date	Exp Date	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Little Caesar Enterprises, Inc. is an additional insured as regards General Liability and Auto Liability. The General Liability and Workers' Compensation policies include a waiver of subrogation in favor of Little Caesar Enterprises, Inc.

INCLUDE FRANCHISEE NUMBER

**CERTIFICATE HOLDER****CANCELLATION**

Little Caesar Enterprises, Inc. 2211 Woodward Avenue Detroit MI 48201	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 <i>Your Authorized Signature</i>
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# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
Date

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<b>PRODUCER</b>  Agent Address City State Zip	<b>CONTACT NAME:</b> Agent <b>PHONE (A/C, No, Ext):</b> Phone <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> Email <b>PRODUCER CUSTOMER ID:</b>														
<b>INSURED</b>  INSURED NAME Address City, State Zip	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Insurance Company</td> <td style="text-align: center;">XXXXX</td> </tr> <tr> <td>INSURER B: (Must be rated A- VIII or better by A.M. Best Company)</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Insurance Company	XXXXX	INSURER B: (Must be rated A- VIII or better by A.M. Best Company)		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 INCLUDE FRANCHISEE NUMBER

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> <b>PROPERTY</b>	Policy Number	Eff Date	Exp Date	<input checked="" type="checkbox"/> <b>BUILDING IF APPLICABLE</b>	\$ per building value	
	CAUSES OF LOSS				DEDUCTIBLES	<input checked="" type="checkbox"/> <b>PERSONAL PROPERTY</b>	\$ 425,000
	<input type="checkbox"/> BASIC				BUILDING	<input checked="" type="checkbox"/> <b>BUSINESS INCOME</b>	\$ 250,000
	<input type="checkbox"/> BROAD				CONTENTS	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> <b>SPECIAL</b>					<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> BLANKET BUILDING	\$	
	<input type="checkbox"/> WIND				<input type="checkbox"/> BLANKET PERS PROP	\$	
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$	
		<input checked="" type="checkbox"/> <b>Replacement Cost</b>	\$				
			\$				
	<b>INLAND MARINE</b>	TYPE OF POLICY				\$	
	CAUSES OF LOSS	POLICY NUMBER				\$	
	<input type="checkbox"/> NAMED PERILS					\$	
	<input type="checkbox"/> <b>CRIME</b>					\$	
	TYPE OF POLICY					\$	
	<input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>					\$	
						\$	
						\$	

**SPECIAL CONDITIONS / OTHER COVERAGES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Business Income Limit per occurrence 12 months to include back up of sewers and drains and off premises power failure

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