

CERTIFICATE OF INSURANCE	DATE (mm/dd/yy)
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PRODUCER YOUR INSURANCE COMPANY NAME/PHONE NUMBER OF CONTACT PERSON	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 AFFORDED BY THE POLICIES BELOW.
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CODE	SUB-CODE	COMPANIES AFFORDING COVERAGE
		COMPANY LETTER A
INSURED YOUR COMPANY NAME AND ADDRESS		COMPANY LETTER B
		COMPANY LETTER C
		COMPANY LETTER D
		COMPANY LETTER E

COVERAGES 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

INST LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS NOT LESS THAN \$1M
	GENERAL LIABILITY				GENERAL AGGREGATE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COM-OPS AGGREGATE \$ 1,000,000.00
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADVERTISING INJURY \$ 1,000,000.00
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1,000,000.00
					FIRE DAMAGE (Any one fire) \$ 50.00
					MEDICAL EXPENSE (Any one person)
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$ 1,000,000.00
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON)
	ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)
	SCHEDULED AUTOS				PROPERTY DAMAGE
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				
	UMBRELLA FORM				
	OTHER THAN UMBRELLA FORM				
	<input checked="" type="checkbox"/> WORKER'S COMPENSATION & EMPLOYER'S LIABILITY				STATUTORY
					EACH ACCIDENT \$ 1,000,000.00
					DISEASE-POLICY LIMIT
					DISEASE-EACH EMPLOYEE
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

ADDITIONAL INSURED: (NAME OF EVENT) OCCURRING IN (YEAR). CITY AND COUNTY OF DENVER, SMG AND ITS OFFICERS, AGENTS AND EMPLOYEES

CERTIFICATE HOLDER	CANCELLATION
METROPOLITAN DENVER DENTAL SOCIETY 3690 SOUTH YOSEMITE STREET SUITE 200 DENVER, CO 80237	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30-DAY, WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE