

**SAMPLE CERTIFICATE OF LIABILITY INSURANCE SAMPLE**

DATE(MM/DD/YYYY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOWNS NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC#</b>
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAU HAVE BEEN REDUCED BY PAID CLAIMS.

INS R LTR	ADDL INSR D	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE      \$ 3,000,000.00  DAMAGE TO RENTED PREMISES EACH OCCURRENCE      \$ 100,000.00 MED. EXP. (Any one person)      \$ 5,000.00 PERSONAL & ADV. INJURY      \$ 1,000,000.00 <b>GENERAL AGGREGATE</b> \$ 3,000,000.00 PRODUCT-COMP/OP AGG      \$ 2,000,000.00
		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)      \$ 1,000,000.00  BODILY INJURY (Per person)      \$  BODILY INJURY (Per accident)      \$  PROPERTY DAMAGE (Per accident)      \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT      \$ OTHER THAN EA ACC      \$ AUTO ONLY AGG      \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MAD  <input type="checkbox"/> DEDUCTIBLE RETENTION      \$				EACH OCCURRENCE      \$ AGGREGATE      \$  \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?      Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below OTHER				<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTHER  E.L. EACH ACCIDENT      \$ 1,000,000.00 E.L. DISEASE-EA EMPLOYEE      \$ 1,000,000.00 E.L. DISEASE-POLICY LIMIT      \$ 1,000,000.00

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 Bellagio, LLC, MGM Resorts International its subsidiaries, affiliates, directors, officers and employees are named as additional insured's

<b>CERTIFICATE HOLDER</b>  Bellagio, LLC 3600 Las Vegas Blvd. South Las Vegas, NV 89109	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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