ACORD™ POLICY CERTIFICATION LOG

AGENCY	INSURED

INSURERS AFFORDING COVERAGE	POLICY PERIOD	INSURERS AFFORDING COVERAGE	POLICY PERIOD
A.	TO	D.	TO
B.	TO	E.	TO
C.	TO	F.	TO

CERTIFICATES/EVIDENCE

DATE ISSUED	LOG ID NUMBER	CERTIFICATE / EVIDENCE HOLDER NAME AND ADDRESS	LETTER / NAME NAIC CODE	LINE OF BUSINESS	INSR LTR	SCHED AUTO	WORD CHANGE	ADD INS	PERM	# DAYS CANC	MONTH/YEAR CERTIFICATION EXPIRES

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