CERTIFICATE OF WAREHOUSEMEN'S LEGAL LIABILITY INSURANCE

(DOD 4500.9-R)

This is to certify that a policy is now in force and includes insurance for Warehousemen's Legal Liability as required for property accepted and stored under contract with any governmental agency under Public Law 87-649 (or any other subsequent to Public Law 245) is provided in an amount not less than \$1.25 times the number of pounds in storage at the time of loss subject to the limit(s) of liability specified below. A minimum per lot limit of liability of \$1.25 times the net weight of the lot is mandatory.

Type all information except signature.	
1. INSURANCE COMPANY	2. CONTRACTOR
a. NAME	a. NAME
b. ADDRESS (Number, Street, City, State and ZIP Code)	b. ADDRESS (Number, Street, City, State and ZIP Code)
3. POLICY NUMBER	4. EFFECTIVE DATE (YYYYMMDD) (12:01 a.m. Standard Time at the place of issuance and continuing until cancelled as provided for in paragraph 5 below.)
5a. ADDRESS OF WAREHOUSE	5b. LIMIT OF LIABILITY
(1)	\$
(2)	\$
(3)	\$
when requested by the contracting officer, the policy and all endorsements thereto. The contractic companies if they fail to provide adequate protection. The certificate may not be cancelled without calleffected by the company or the contractor only by such notice will commence to run from the date set.	reason (including contractor bankruptcy) is no defense. If necessary, the other supporting documentation to permit a determination of liability. company will provide, within thirty (30) days, a duplicate original of said ing officer reserves the right to reject certificates of insurance from insurance on. Incellation of said policy. Such cancellation or any material change may be giving thirty (30) days notice in writing to the
·	underwriter of warehousemen's legal liability insurance must have a <u>irance Guide</u> .
6a. NAME OF INSURANCE COMPANY/UNDERWRITER/A	AGENT b. ADDRESS (Number, Street, City, State, and ZIP Code)
c. TELEPHONE NUMBER (Include area code)	D. ADDRESS (Number, Sweet, City, State, and 219 Code)
7a. NAME OF AUTHORIZED INSURANCE COMPANY REPRESENTATIVE	b. SIGNATURE c. DATE SIGNED (YYYYMMDD)