

Short-Form Third-Party Liability Coverage Statement

Policyholder Information

Name: _____

Address: _____

Contact Number: _____

Policy Number: _____

Third-Party Liability Coverage

This is to certify that the above-named policyholder is insured by [Insurance Company Name] effective from ____/____/____ to ____/____/____ under a Short-Form Third-Party Liability Cover.

The coverage provides indemnity to the insured against legal liability to third-parties for:

- Bodily injury (including death) caused to third parties;
- Property damage to third-party assets arising out of the insured's activities.

Limit of Liability: \$_____ (in aggregate/per occurrence as specified in the full policy document).

This statement summarizes the presence of third-party liability insurance. Full terms, exclusions, and conditions are stated in the comprehensive insurance policy document issued to the policyholder.

Exclusions

This coverage does not apply to liabilities arising from:

- Intentional acts or willful misconduct;
- Contractual liabilities not otherwise covered by the policy;
- Fines and penalties;
- Damage to insured's own property.

Authorized Signature:

Date: ____/____/____

Policyholder Signature:

Date: ____/____/____

Important Notes

- This statement is a summary and does not replace the full insurance policy terms and conditions.
- Certain events and liabilities may not be covered; always refer to the full policy for details.
- Notify the insurer promptly in the event of a claim or incident.
- Coverage is subject to policy limits, conditions, and any applicable deductibles.
- Retain this document as proof of insurance for third-party liability.