

# General Liability Statement of Compliance

This document certifies that the undersigned business/entity is in compliance with all applicable general liability insurance requirements, as mandated by relevant laws and regulations governing the scope of work described below.

Business/Entity Name:

[Your Company Name]

Address:

[Your Business Address]

Policy Number:

[Insurance Policy Number]

Insurer Name:

[Name of Insurance Company]

Effective Date:

[Policy Effective Date]

Expiration Date:

[Policy Expiry Date]

Scope of Coverage:

[Brief Description: e.g., "General liability coverage including bodily injury and property damage."]

The undersigned affirms that the above-mentioned policy is valid and meets or exceeds the required limits for general liability insurance as stated by applicable laws or by contractual agreement. This compliance statement is made in good faith and is subject to verification as requested by the interested party.

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Authorized Signature

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Date

## Important Notes:

- This statement does not replace the actual insurance policy or certificate of insurance.
- Verification of policy details may be required by clients, vendors, or regulatory authorities.
- Ensure all information provided is accurate and current at the time of signing.
- False statements may result in legal penalties or termination of contracts.
- Keep this document for your records and share copies as needed for compliance.