

## Understanding the Acord Certificate of Insurance

Certificates of insurance are provided/obtained to verify the existence of coverage and determine whether existing coverage limits are adequate and meet contract requirements. When obtaining a certificate of insurance, the recipient of the form should verify the insured is a well-established, legal entity with a permanent address, telephone number and business license where required.

The certificate is issued as a matter of information only and confers no rights upon the certificate holder. The certificate does not amend, extend or alter the coverage afforded by the policy(ies) listed. If the recipient of the form has a verifiable interest in the policy, such as an additional insured, the policy must be amended by endorsement to provide the appropriate coverage.

- PRODUCER:** Insurance agent/broker who issues certificate.
- NAME OF INSURED:** Must be the legal name of the contracting entity for whom confirmation of coverage is desired.
- TYPES OF INSURANCE:** Must include the types of insurance required by the contract.
- POLICY FORM:** "Claims made" or "occurrence"
- DESCRIPTION OF OPERATIONS/ LOCATIONS/VEHICLES/ EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS:** Additional insured references and sometimes job specific information would be shown here.
- CERTIFICATE HOLDER:** Name and address of the individual or entity for whom the certificate is being prepared.

ACORD CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YYYY)
<b>PRODUCER</b> Bill Jones Insurance Agency 100 E. Main St. Des Plaines, IL 60019 (800) 123-4567			<b>INSURERS AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURED</b> John Smith Roofing Services, Inc. 123 W. First Ave. Rosemont, IL 60018			<b>INSURER A:</b> CNA Insurance Company <b>INSURER B:</b> Lexington Insurance Company <b>INSURER C:</b> Statewide Insurance Company <b>INSURER D:</b> <b>INSURER E:</b>			
<b>COVERAGES</b> 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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR ADD'L. INFO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOC.	RCA010656A	5/1/06	5/1/07	EACH OCCURRENCE	\$ 1,000,000
					DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$ 1,000,000
					MED EXP (Any one person)	\$ 50,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMPROP AGG	\$ 2,000,000
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	10115831RCA	5/1/06	5/1/07	COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000
					BODILY INJURY (Per person)	\$ 1,000,000
					BODILY INJURY (Per accident)	\$ 500,000
					PROPERTY DAMAGE (Per accident)	\$ 1,000,000
					AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: SA ACC	\$
					ADD	\$
B	<input checked="" type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input checked="" type="checkbox"/> DEDUCTIBLE RETENTION: \$ 1,000,000	KA7566-08	5/1/06	5/1/07	EACH OCCURRENCE	\$ 5,000,000
					AGGREGATE	\$ 10,000,000
						\$
						\$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? IF YES, describe under SPECIAL PROVISIONS below OTHER	KA7566-08	5/1/06	5/1/07	WC STAT. / OTHER TORT LIMITS	\$ 1,000,000
					E.L. EACH ACCIDENT	\$ 1,000,000
					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
					E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS</b> The state of Illinois, its officers, agents and employees are named as additional insureds as their interests may appear						
<b>CERTIFICATE HOLDER</b> State of Illinois 100 N. LaSalle St. Chicago, IL 60603			<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 Fred Jones			

- COMPANIES AFFORDING COVERAGE:** Legal name(s) as found under the terms of the policy.
- POLICY EFFECTIVE DATE:** Date on which the terms of the policy commenced. Must be prior to or coincidental with effective date of contract.
- POLICY EXPIRATION DATE:** Date on which the terms of the policy expire. If occurrence form, date must be on or after termination of contract.
- LIMITS OF INSURANCE:** Must be the same or greater than required by the contract.
- NOTICE OF CANCELLATION:** Sets out the number of days in which the insurance company will try to mail a written notice to the insured stating its intent to cancel the policy of insurance prior to its expiration date.
- AUTHORIZED REPRESENTATIVE:** Must be signed not stamped.

- PRODUCER:** It is a prudent practice to accept a certificate of insurance from the insurance company or producer only, not directly from the contractor, subcontractor, tenant or service provider, to protect against receipt of false certificates.
- NAME OF INSURED:** Name and address as they appear on the policy declaration page that should correspond to the valid, legal name of the company.
- TYPES OF INSURANCE:** Must include types of insurance required by contract.
- POLICY FORM:** Claims made describes an insurance policy that covers claims first made (reported or filed) during the year the policy is in force for any incident that occurred that year or during any previous period during which the insured was covered under a claims made contract. The occurrence policy covers an incident occurring while the policy is in force regardless of when the claim arising out of that incident is filed.
- DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:** Named additional insureds can be listed here but this section should also indicate the endorsement form providing the coverage. Preferably the applicable forms should be attached. Review information in this section to determine it is consistent with contract requirements.
- CERTIFICATE HOLDER:** Must show full name and mailing address of entity for which certificate is being prepared.
- COMPANIES AFFORDING COVERAGE:** Designed for use in certifying coverage issued by the listed companies, including their full legal company name(s) as found under the terms of the policy.
- POLICY EFFECTIVE DATE:** Must be prior to or coincidental with effective date of contract.
- POLICY EXPIRATION DATE:** Should be on or after the termination of contract.
- LIMITS OF LIABILITY:** Aggregate limits shown may have been reduced by paid claims.
- NOTICE OF CANCELLATION:** Often revised to reflect 10 days cancellation provision for nonpayment of premium.
- AUTHORIZED REPRESENTATIVE:** Must be an original signature of the agent, broker or other representative authorized by the insurance company.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A :	NAIC #
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$
	OTHER:						PRODUCTS - COMP/OP AGG	\$
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A						E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*Town of Raymond additionally insured by endorsement.

**CERTIFICATE HOLDER****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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