

Sample Certificate of Insurance

Facility/Vendor User's Insurance Broker

Name of Facility/Vendor User (It should match the name as written in the Facility Use Agreement)

Claims Made or Modified Occurrence is not acceptable

Insurer Letter: Corresponds with the Name of the Carrier providing coverage.

This section should reference the job number, project name, and/or location

This should name your appropriate company entity with proper address

Signed by the Broker only

Current dates are required

Policy Number should be listed for each line of coverage. If not shown, they may not have insurance for that line of coverage.

The two "each occurrence" boxes should total at least as much as required in your contract

The totals in each box should be at least \$1 million

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY)	
PRODUCER Agency Manager, Inc. 2500 Bond Street University Park, IL 60466 Phone No. 800-555-5368 Fax No.		INSURED Facility User, Inc. One Big Street Anytown, CA 92606		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
COMPANIES AFFORDING COVERAGE					
COMPANY A		Tahiti Mutual Insurance Company			
COMPANY B		Indemnity Insurance			
COMPANY C		State Compensation Insurance Fund			
COMPANY D					
COVERAGES 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 THE 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.					
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTORS	12345678	08/01/00	08/01/01	GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP OR AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any other person) \$ 5,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	234567891	08/01/00	08/01/01	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
B	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	456789123	08/01/00	08/01/01	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
C	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ <input type="checkbox"/> INCL. PARTNER/EXECUTIVE <input type="checkbox"/> EXCL. OFFICERS ARE:	345678912	08/01/00	08/01/01	<input checked="" type="checkbox"/> W.C. STATUTORY LIMITS <input type="checkbox"/> OTHER \$ E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Certificate of Insurance provided for activities detailed in Facilities Use Agreement #12345 for events 7/20/01 - 8/20/01. General Liability - Certificate Holder is an Additional Insured per attached Form CG 20 10 11 85.					
CERTIFICATE HOLDER XYZ Unified School District 1234 Education Way Irvine, CA 92606			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		
AUTHORIZED REPRESENTATIVE			ACORD CORPORATION 1998		

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Sample Additional Insured Endorsement

The Named Insured should always be the same as the "Insured" name on the Certificate (it should also read exactly the same as in the Facility Use Agreement)

POLICY NUMBER: COMMERCIAL GENERAL LIABILITY

NAMED INSURED:

This policy number should be the same as that listed for General Liability on the Certificate of Insurance

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRATORS (Form B)

This should always reference Form B - there is a Form A, but it provides inadequate coverage

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

Name of Person or Organization:

SCHEDULE

This is where all the Additional Insureds should be listed by name

Should list out the project, name, location, and/or project number that the Facility Use Agreement refers to

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

It is further agreed that such insurance as is afforded by this policy for the benefit of the above Additional Insured(s) shall be primary insurance as respects any claim, loss or liability arising out of the Named Insured's operations, and any other insurance maintained by the Additional Insured(s) shall be excess and non-contributory with the insurance provided hereunder.

It is agreed that the above policy contains a standard cross liability or severability of interest clause.

The primary wording, as required in the contract, is usually typed onto the Additional Insured Endorsement Here. The severability of Interest clause is often typed here too.

This is the standard endorsement number (CG 20-10) and 1185 edition date is required by the Facility Use / Subcontract Agreement

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