

CERTIFICATE OF INSURANCE (COI) GUIDE

If all coverage requirements are not able to be evidenced on a certificate, or if you want to verify in more detail, request a copy of the declarations pages for the appropriate policies, along with copies of endorsements required (e.g. Additional Insured).

ACORD **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: **Name of Broker.**

CONTACT NAME: **Name of Insured – Must match contract.**

PHONE (A/C No. Ext): **Insurance Companies providing coverage, verify via AM Best.**

FAX (A/C No.):

E-MAIL:

INSURER(S) AFFORDING COVERAGE: NAIC #

INSURER A:

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	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	<input checked="" type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	Additional Insured and Waiver of Subrogation Endorsements are evidenced here.	Ensure project is within policy period. If policy renews during project, verify with a new certificate.		EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> CLAIMS-MADE	<input type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> MED EXP (Any one person)	\$					
	<input type="checkbox"/> PERSONAL & ADV INJURY	\$ 2,000,000					
A	<input checked="" type="checkbox"/> GENERAL AGGREGATE LIMIT APPLIES PER:	<input type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC			GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> PRODUCTS - COMP/PROP AGG	\$ 3,000,000					
	<input type="checkbox"/> COMBINED SINGLE LIMIT (Ea accident)	\$ 3,000,000					
	<input type="checkbox"/> BODILY INJURY (Per person)	\$					
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)				
	<input type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR				EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> AGGREGATE \$					
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE (Mandatory in NH)	<input checked="" type="checkbox"/> Y/N				E.L. EACH ACCIDENT \$ 1,000,000
	<input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> X				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	<input type="checkbox"/> Additional Coverage 1	<input type="checkbox"/>	<input type="checkbox"/>				E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	<input type="checkbox"/> Additional Coverage 2	<input type="checkbox"/>	<input type="checkbox"/>				Limit - 1
A	<input type="checkbox"/> Additional Coverage 3	<input type="checkbox"/>	<input type="checkbox"/>				Limit - 2
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Limit - 3
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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

CERTIFICATE HOLDER **CANCELLATION**

Entity listed, must match contract.

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

General Liability limits do not stack.

Umbrella or Excess Liability limits ordinarily only extend General Liability, Automobile Liability and Employers Liability limits.

Umbrella / Excess Limits generally only extend General Liability and Employers Liability (WC Part B)

Ensure 'N' is listed here.

Additional Coverages may be listed here.

