

Sample Certificate of Liability

Items A, B, D, F, G, H are required as shown. Item C is not required, but if it is listed on the certificate it must be included for the additional insureds. Item E required only when design is included in the project.

ACORD [®]		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 7/11/2014			
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: Jane Doe				
INSURANCE COMPANY NAME AND ADDRESS			PHONE (A/C, B/C, Ext):				
			FAX (A/C, No):				
INSURED			E-MAIL ADDRESS:				
			INSURER(S) AFFORDING COVERAGE				
			NAIC #				
			INSURER A: Popular Insurance Company				
			INSURER B:				
			INSURER C:				
			INSURER D:				
			INSURER E:				
			INSURER F:				
COVERAGES		CERTIFICATE NUMBER: 1354612351		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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE X OCCUR X Pollution Liab X Professional Liab GENL AGGREGATE LIMIT APPLIES PER: POLICY X PROJ LOG	Y		EPP0220777 G24865587-005	12/31/2013 1/8/2014	12/31/2014 1/8/2015	EACH OCCURRENCE \$1,000,000 AGGREGATE \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPROP AGG \$2,000,000 Per Each Claim \$1,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS	Y		EPP0220777	12/31/2013	12/31/2014	OMNIBUS SINGLE LIMIT \$1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB EXCESS LIAB DED X RETENTION \$0	Y		EPP0220777	12/31/2013	12/31/2014	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		18940 EPP0220777	1/1/2014 12/31/2013	12/31/2014 12/31/2014	OH STOP GAP L. EACH ACCIDENT \$1,000,000 L. DISEASE - EA EMPLOYEE \$1,000,000 L. DISEASE - POLICY LIMIT \$1,000,000
E	Installation/Bldgs Risk			EPP0220777	12/31/2013	12/31/2014	Installation Floater \$500,000 Property in Transit \$50,000 Professional Liability \$50,000
F	Professional Liab.			ABC123456789	12/31/2014	12/31/2015	\$1,000,000 Limit
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							
PARISH/HIGH SCHOOL NAME, Archbishop Dennis M. Schnurr and the Archdiocese of Cincinnati are named as additional insureds.							
CERTIFICATE HOLDER				CANCELLATION			
NAME AND ADDRESS OF PARISH OR HIGH SCHOOL				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 A. Representative			

Note: Date should reflect a current date consistent with the project date.

- A – General Liability. Amounts required circled. The ADDL INSR box should be checked or marked "Y".
- B – Automobile Liability. Amount required circled. The ADDL INSR box should be checked or marked "Y".
- C – Umbrella Liability. If Umbrella Liability is listed on the certificate, it must apply to the additional Insureds. Either the ADDL INSR box should be checked or marked "Y" OR "Umbrella Policy follows form." should be added to the Description of Operations.
- D – Installation Floater. Amount should be equal to or greater than project cost (circled). Builder's Risk insurance may be needed in some circumstances instead of the installation floater.
- E – Professional Liability. Amount required circled. May be required if design is included in the project.
- F – Additional Insured Language. Make certain the parish/school, Archbishop, and the Archdiocese are listed. If the phrasing specifies the types of insurance in the language, make sure both General and Automobile are included (and Umbrella if listed).
- G – Certificate Holder. List parish/school as the certificate holder.
- H – Policy Dates. Verify dates to confirm that the policy is in effect.