


Certificate of Insurance - Sample

COMMERCIAL LIABILITY CERTIFICATE OF INSURANCE

THIS CERTIFICATE IS USED 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 LISTED BELOW.

NAME AND ADDRESS OF AGENCY				
NAME AND ADDRESS OF FIRST NAMED INSURED		This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage or any provision of Policy No. _____ issued by _____ <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-top: 10px;">1. Phone number</div>		
This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time.				
TYPE OF INSURANCE	COMPANY AFFORDING COVERAGE AND POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability	
			OCCURRENCE/AGGREGATE	OCCURRENCE/AGGREGATE
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY (OCCURRENCE FORM) <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> GuideOne Mutual <input type="checkbox"/> GuideOne Elite <input type="checkbox"/> GuideOne Specialty Mutual <input type="checkbox"/> GuideOne America <input type="checkbox"/> GuideOne Lloyds Policy # _____	_____ / _____ / _____ <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-top: 10px;">2. Current date</div>	<input type="checkbox"/> \$ 300,000/\$ 600,000 <input type="checkbox"/> 500,000/ 1,000,000 <input type="checkbox"/> 1,000,000/ 2,000,000	<input type="checkbox"/> \$ 300,000/\$1,000,000 <input type="checkbox"/> 500,000/ 1,500,000 <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-top: 10px;">3. Adequate insurance limits</div>
<input type="checkbox"/> AUTOMOBILE LIABILITY SYMBOL <input type="checkbox"/> HIRED AUTOS 8 <input type="checkbox"/> NON-OWNED AUTOS 9	<input type="checkbox"/> GuideOne Mutual <input type="checkbox"/> GuideOne Specialty Mutual Policy # _____	_____ / _____ / _____ <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-top: 10px;">4. Types of coverage</div>	BODILY INJURY AND PROPERTY DAMAGE COMBINED \$ _____	\$ _____
<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM	<input type="checkbox"/> GuideOne Mutual <input type="checkbox"/> GuideOne Elite <input type="checkbox"/> GuideOne Specialty Mutual <input type="checkbox"/> GuideOne America <input type="checkbox"/> GuideOne Lloyds Policy # _____	_____ / _____ / _____	OCCURRENCE/AGGREGATE \$ _____	\$ _____
WORKERS' COMPENSATION and EMPLOYERS' LIABILITY	<input type="checkbox"/> GuideOne Mutual <input type="checkbox"/> GuideOne Elite <input type="checkbox"/> GuideOne Lloyds Policy # _____	_____ / _____ / _____ <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-top: 10px;">5. All workers included</div>	STATUTORY EACH ACCIDENT DISEASE — \$ _____ POLICY LIMITS DISEASE — \$ _____ EACH EMPLOYEE DISEASE — \$ _____	\$ _____ \$ _____ \$ _____
OTHER	_____	_____ / _____ / _____	_____	_____
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-top: 10px; width: 30%;">6. Additional insured: names your organization</div> <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-top: 10px; width: 15%; margin-left: 20px;">7. "Endeavor"</div>				
CANCELLATION: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days* (unless otherwise indicated below) written notice to the below-named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company. *Optional number of days written notice applicable in lieu of above only if indicated: _____				
NAME AND ADDRESS OF CERTIFICATE HOLDER: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> (FIRM AND ADDRESS)		DATE ISSUED: _____ <small>Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materialy false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime. (This statement is required by the laws of New York and Ohio when this application is used in those states. The laws of other states may be different.)</small>		
THIS CERTIFICATE IS FOR INFORMATION ONLY; IT IS NOT A CONTRACT OF INSURANCE BUT ATTESTS THAT A POLICY AS NUMBERED HEREIN, AND AS IT STANDS AT THE DATE OF THIS CERTIFICATE, HAS BEEN ISSUED BY THE INSURER.		_____ AUTHORIZED REPRESENTATIVE		

Instructions for Reading and Understanding a Certificate of Insurance

1. **Phone number:** Though some certificates do not list the contractor's insurance company's phone number, it is wise to call and verify that the contractor does, in fact, have the insurance coverages listed on the certificate.
2. **Date:** Verify that the date of insurance is current. Do not let the date of your project or activity go past the expiration date of the policy without verifying continued coverage.
3. **Adequate insurance limits:** Make sure that the limits on the policy are at least equal to or greater than your organization's insurance policy limits.
4. **Coverage:** Make sure that there is insurance coverage for general liability, property damage, workers' compensation, and umbrella (excess) losses.
5. **Workers' Compensation:** All workers should be included under the contractor's workers' compensation coverage. If the contractor does not have workers' compensation coverage, your organization could be responsible for any worker injuries.
6. **Additional Insured:** Your organization should be named as an additional insured in this box. This is a critical step in protecting your organization.
7. **Endeavor:** Many people read this cancellation section and assume that the contractor's insurance company will notify them in the event that the policy expires or is canceled. The insurance company is not legally bound to contact you as a certificate holder and, on most occasions, they do not. That is why it is important to verify coverage and the dates of coverage before the project or activity begins.

Other Important Facts:

1. Keep all certificates of contractors for five years. Should there be a need to go back to a contractor who did previous work and they are out of business, you will need the name of the insurance carrier.
2. Tell contractors to notify you of any injury or property damage that occurs on your premises.
3. Have contractors notify you in writing 30 days prior to the expiration date of their policy.