

## SafeChurch<sup>®</sup> 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 BEOW.

NAME AND ADDRESS OF AGENCY			GuideOne					
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					
This is to certify that po	licies of insurance listed below	have been i	issued to			e num		at this time.
TYPE OF INSURANCE	COMPANY AFFORDING COVERAGE AND POLICY NUMBER	POLI	CY NN DATE	Limits of Liability OCCURRENCE/AGGREGATE OCCURRENCE/AGGREGATE				
COMMERCIAL GENERAL LIABILITY (OCCURRENCE FORM)	GuideOne Mutual GuideOne Elite GuideOne Specialty Mutua GuideOne America GuideOne Lloyds	2. Curre	ent date	\$ 300,000/\$     500,000/ 1 000,000/ 2	,000,000,		500,	000/\$1.000,000 000/_1.500,000 rance limits
AUTOMOBILE LIABILITY SYMBOL	Policy #			BODILY INJURY PROPERTY DAN COMBINED	AGE	S		
4. Types of coverag     HIRED AUTOS 8     NON-OWNED AUTOS 9     EXCESS LIABILITY     UMBRELLA FORM	e / #		ž	OCCURRENC	E			
WORKERS' COMPENSATION and EMPLOYERS' LIABILITY	GuideOne Mutual GuideOne Elite  5. All workers included			DISEASE	ACH ACCIDENT ASE — POLICY LIMITS			
	Policy #			EACH EMPLOYEE \$				
OTHER								
DESCRIPTION OF OPERATIONS/	OCATIONS/VEHICLES	s your ch	urch				7. '	"Endeavor"
any kind upon th	ted below) written notice to the belo	w-named cer	tificate hole	der, but failure to ma	ssuing co ail such i	empany w notice sha	ill endeavor all impose no	to mail 30 days" (unless o obligation or liability of
NAME AND ADDRESS OF CERTIFICATE HOLDER:			Any p applic misler which	DATE ISSUED:				
(FIRM AND ADDRESS) THIS CERTIFICATE IS FOR INFORMATION ONLY; IT IS NOT CONTRACT OF INSURANCE BUT ATTESTS THAT A POLICY A NUMBERED HEREIN, AND AS IT STANDS AT THE DATE OF TH CERTIFICATE, HAS BEEN ISSUED BY THE INSURER. CP-11833 (1095)				n naged da da baka da kan war nga kan war na bi swein nagad ta bi				

- 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 facility'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:** <u>All</u> workers should be included under the contractor's workers' compensation coverage. If the contractor does not have workers' compensation coverage, your facility could be responsible for any worker injuries.
- 6. **Additional Insured:** Your facility should be named as an additional insured in this box. This is a critical step in protecting your facility.
- 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.



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