SAMPLE

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
00/00/0000

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: CONTACT NAME AT AGENCY	
NAME OF AGENCY MAILING ADDRESS MAILING ADDRESS CITY, STATE & ZIP	PHONE (A/C, No, Ext): 555-555-5555 FAX (A/C, No): 555-555-5555 E-MAIL ADDRESS: EMAIL ADDRESS OF CONTACT AT AGENCY	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : INSURANCE COMPANY NAME	123456
	INSURER B : INSURANCE COMPANY NAME	123456
	INSURER C : INSURANCE COMPANY NAME	123456
	INSURER D : INSURANCE COMPANY NAME	123456
	INSURER E :	
	INSURER F :	

INSURED
SUBCONTRACTOR NAME
SUBCONTRACTOR ADDRESS
ADDRESS
CITY, STATE & ZIP

COVERAGES **CERTIFICATE NUMBER:** 111111 **REVISION NUMBER:** 1

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 [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC	Y	Y	123456789	11/01/2012	11/01/2013	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	1,000,000 100,000 10,000 1,000,000 2,000,000 2,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS	Y	Y	123456789	11/01/2012	11/01/2013	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	1,000,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $	Y	Y	123456789	11/01/2012	11/01/2013	EACH OCCURRENCE AGGREGATE	$ $	1,000,000 1,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	123456789	11/01/2012	11/01/2013	[X] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	500,000 500,000 500,000

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

RE:JOB NAME/NUMBER/DESCRIPTION. CONTRACTOR NAME, IS ADDED AS AN ADDITIONAL INSURED WITH RESPECT TO LIABILITY FOR BODILY INJURY, PROPERTY DAMAGE OR PERSONAL & ADVERTISING INJURY FOR BOTH ONGOING AND COMPLETED OPERATIONS PER ENDORSEMENTS # (COPIES ATTACHED). GENERAL LIABILITY COVERAGE IS PROVIDED TO THE ADDITIONAL INSURED ON A PRIMARY AND NONCONTRIBUTORY BASIS PER ENDORSEMENT # (COPY ATTACHED). CONTRACTOR NAME, IS ALSO INCLUDED AS ADDITIONAL INSURED ON THE UMBRELLA/EXCESS POLICY. WAIVER OF SUBROGATION IN FAVOR OF CONTRATOR IS PROVIDED UNDER THE COMMERCIAL GENERAL LIABILITY AND WORKERS COMPENSATION POLICIES PER ENDORSEMENTS # (COPIES ATTACHED). NOTICE OF CANCELLATION IS PROVIDED ON THE ABOVE POLICIES PER ENDORSEMENTS #----- (COPIES ATTACHED).

CERTIFICATE HOLDER

CONTRACTOR NAME
CONTRACTOR ADDRESS
CONTRACTOR ADDRESS
CITY, STATE & ZIP

CANCELLATION

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

SIGNATURE OF AUTHORIZED REPRESENTATIVE

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