

Sample Certificate



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 OF 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 | Contractor/Vendor's Agent | CONTACT NAME: | |
| | | PHONE (A/C, NO. EXT): | PHONE (A/C, NO.): |
| INSURED | Contractor/Vendor Name and Address (Must Match Name on Contract) | E-MAIL ADDRESS: | |
| | | PRODUCER CUSTOMER ID#: | |
| | | INSURERS AFFORDING COVERAGE | |
| | | INSURER A: Contractor/Vendor's Insurance Company(ies) | |
| | | INSURER B: | |
| | | INSURER C: | |
| INSURER D: | | | |
| INSURER E: | | | |
| INSURER F: | | | |
| NAIC # | | | |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. **Limits shown are as requested**

| INSR LTR | TYPE OF INSURANCE | ADD'L INSRD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YY) | POLICY EXP (MM/DD/YY) | LIMITS |
|----------|---|-------------|----------|---------------|-----------------------|-----------------------|---|
| | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | X | X | Policy Number | Date | Date | EACH OCCURRENCE \$1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$1,000,000.00 GENERAL AGGREGATE \$1,000,000.00 PRODUCTS - COMP/OP AGG \$1,000,000.00 |
| | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTO <input type="checkbox"/> _____ | X | X | Policy Number | Date | Date | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000.00 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION | | | | | | EACH OCCURRENCE AGGREGATE |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | X | Policy Number | Date | Date | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH - ER E.L. EACH ACCIDENT \$500,000.00 E.L. DISEASE-EA EMPLOYEE \$500,000.00 E.L. DISEASE-POLICY LIMIT \$500,000.00 |

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

For the work performed by (name of Contractor/Vendor) at (insert homeowners address). (insert homeowner's name), Lindsford Neighborhood II Homeowner's Association, Kinderburk Property Management Corp, d/b/a Pegasus Property Management are additional insureds on the General Liability and Automobile Liability policies. Primary Non-Contributory status applies on the General Liability and Automobile Liability policies. A waiver of subrogation in favor of the additional insureds applies to all policies. Policies contain no residential exclusions.

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|--|
| Homeowners Name Street Address City, State, Zip Code | 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 |



ADDITIONAL REMARKS SCHEDULE

| | | |
|---------------|-----------|-----------------|
| AGENCY | | NAMED INSURED |
| POLICY NUMBER | | |
| CARRIER | NAIC CODE | EFFECTIVE DATE: |
| | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Note regarding Workers Compensation - if Contractor/Vendor has at least one employee they must carry this coverage. A Workers Compensation Exemption Certificate is not acceptable.