

Certificate of Insurance Guide

PLEASE REFER TO THE SAMPLE CERTIFICATE OF INSURANCE ON PAGE 3.

1. A certificate of insurance is a "snapshot" of the coverages provided at the time the certificate is issued. Only the policy forms and endorsements confer coverage.
2. Additional insured and waiver of subrogation are common construction contract insurance requirements. The policy must be reviewed by your insurance agent to be sure the proper endorsements are attached.

3. PRODUCER

Insurance term for the insurance agent who sold the insurance policy.

4. AGENT CONTACT INFORMATION

Producer/agent contact information.

5. INSURER(S) AFFORDING COVERAGE

Indicates which insurance company is providing coverage. It is possible to have a different insurance company for each type of coverage listed.

6. INSURED

The person or organization who purchased the insurance and has the policy in their name.

7. COMMERCIAL GENERAL LIABILITY

- a. A type of insurance that pays for damages arising out of the insured's premises, operations, products and completed operations, as well as personal injury or an injury brought about by a business advertising its goods or services.
- b. The coverage provided by Acuity is an "occurrence"- type policy, which means that the policy responds to accidental events that occur during the policy period regardless of when the claim is made.
- c. Various limits determine the most we will pay for a loss. They include:
 - i. Each Occurrence. The most we will pay in the event of one occurrence for bodily injury and property damage that arise out of ongoing operations by our insured.
 - ii. Damage to Rented Premises. The most we will pay for damage to a rented premises.
 - iii. Personal and Advertising Injury. The most we will pay for a personal injury or advertising injury offense.
 - iv. Products - Completed Operations Aggregate. The most we will pay for the sum of all damages arising out of a product or an operation that has been completed by our insured.
 - v. General Aggregate. The most we will pay for the sum of all medical expenses, bodily injury, and property damage that arise out of premises liability or ongoing operations by our insured, as well as personal and advertising injury.
 - vi. Medical Expense. The most we will pay for medical expenses because of bodily injury sustained by any one person, even if the insured is not at fault.

8. AUTO LIABILITY

- a. The limits are typically shown as combined single limit, which means that all bodily injury and property damage are subject to that limit. It is also possible to have a limit for bodily injury per person, a maximum bodily injury limit per accident, and a property damage per accident limit.
- b. Although "any auto" is a popular coverage selection, a combination of all owned, hired, and non-owned autos provides equivalent coverage.

9. EXCESS LIABILITY (Higher Liability Limits)

- a. This coverage pays above (or excess of) general liability, auto liability, and employers' liability coverages.
- b. Excess liability is provided using an "occurrence" coverage trigger.
- c. Coverage uses both each occurrence and aggregate limits.

10. WORKERS' COMPENSATION

- a. Workers' compensation includes employers' liability coverage.
- b. Typical employers' liability limits are:
 - i. \$100,000 per occurrence for bodily injury.
 - ii. \$100,000 per employee for bodily injury by disease, and
 - iii. \$500,000 limit for bodily injury by disease.
- c. Increased limits may be purchased.

11. LIST OTHER LIABILITY COVERAGES HERE

Other liability insurance often includes professional liability.

12. DESCRIPTION

- a. Special instructions or terms of coverage, such as identification of the project, reference to a job number, or other identification of the operations with respect to which the certificate is issued.
- b. Exclusions added by endorsement or waivers of subrogation may also be listed.
- c. Individuals or corporations that are required to have additional insured status are usually identified in this box as well. If a contract specifies a particular additional insured form be used, it should also be identified when referencing the additional insured.
- d. This is an example of how these may be shown.

13. CERTIFICATE HOLDER

The person or organization that requested the snapshot of insurance coverage.

14. CANCELLATION

If a notice of cancellation is required, Acuity will attach endorsement IL-7002 to provide that notice (other than non-payment of premium).



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1 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.

2 IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).

3	PRODUCER	4	CONTACT NAME
	Agent		PHONE (A/C No. Ext.) 920-555-0000 FAX (A/C No.)
6	INSURED	5	INSURER(S) AFFORDING COVERAGE
	Super Subcontractors 1600 Main Street Sheboygan, WI 53081		Company NAIC # 14184
			INSURER A
			INSURER B
			INSURER C
			INSURER D
			INSURER E
			INSURER F

COVERAGES CERTIFICATE NUMBER: 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	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
7 A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PRO. <input checked="" type="checkbox"/> LOU. <input type="checkbox"/> OTHER	Y Y	123456789	03/01/2016	03/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP OP AGG \$ 3,000,000
8 A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON OWNED AUTOS		123456789	03/01/2016	03/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
9 A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$ CLAIMS MADE	Y Y	123456789	03/01/2016	03/01/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
10 A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR, PARTNER, EXEC, ITO, E OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	123456789	03/01/2016	03/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
11						

12 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule, may be attached if more space is required)
Project: General Contracting, Job No 1151
General Contracting, Inc, Construction Management, Inc, Owner's Representative, LLC, and New Apartment Building, Ltd are added as an Additional Insured for general liability and excess liability coverage
Additional Insured provided by ISO form CG-2010(7-04) and CG-2037(7-04)
Primary and noncontributory requirement met using ISO form CG 2001(4-13)

13	CERTIFICATE HOLDER	14	CANCELLATION
	General Contracting, Inc 111 Corporate Drive Any City, WI 50000		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