

Certificates of Insurance (COIS)

A Comprehensive Guide

1

Disclaimer: A statement clarifying that the COI is for informational purposes only, and does not alter, amend, or extend the coverage afforded by the policies listed.

2

Producer: Information about the insurance agent or broker who issued the COI, including their name, address, and contact details.

3

Insured: Details of the policyholder, such as the name and address of the individual or entity holding the insurance policy.

4

Insurers Affording Coverage: Names and possibly contact information of the insurance company or companies providing the coverage.

5

Coverages: A detailed list of the types of insurance coverage included in the policy, such as general liability, auto liability, workers' compensation, etc., along with policy numbers, effective dates, expiration dates, and coverage limits.

6

Description of Operations: Brief description of the insured's operations, locations, or vehicles that are covered under the policy.

7

Certificate Holder: Name and address of the entity requesting the COI, typically a third party requiring proof of the insured's coverage.

8

Cancellation: Outlines the notification requirements and procedures in the event the policy is canceled before the expiration date.

9

Authorized Representative: The signature of the insurance agent or broker, validating the COI's authenticity.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
MUST BE CURRENT

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 Subcontractor's Insurance Agency Address City, State, Zip		CONTACT NAME: Agent Name	
		PHONE (A/C, No, Ext): Agent Phone Number	FAX (A/C, No): Agent Fax Number
		E-MAIL ADDRESS: Agent Email Address	
INSURED Subcontractor's Business Name Address City, State, Zip		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Ins. Carrier 1	NAIC # 12354
		INSURER B: Ins. Carrier 2	14785
		INSURER C: Ins. Carrier 3	98756
		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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y Y	12345689	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	Y Y	3987746251	01/05/2023	01/05/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A Y	125647	2/14/2023	2/14/2024 <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The certificate holder is an Additional Insured on the Auto and General Liability Policies, as required by written contract. A Waiver of Subrogation in favor of the certificate holder is on the Auto, General Liability and Worker's Compensation Policies, as required by written contract. The policies indicated on this Certificate of Insurance contain important Terms, Conditions and Exclusions. A complete copy of the policy is available upon your written request, subject to the approval of the Named Insured. This certificate of insurance neither affirmatively nor negatively alters, amends, or extends the coverage afforded by the policies on this certificate. *Must state if the owner is included or excluded from Workers' Compensation Coverage* (Y/N in WC box)

CERTIFICATE HOLDER Your Business Name 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 Must Be Signed By Licensed Producer
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