## **Certificates of Insurance (COIS)**

## A Comprehensive Guide





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## 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.

MPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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).

CONTACT Agent Name RODUCER PHONE (A/C, No, Ext): Agent Phone Number E-MAIL ADDRESS: Agent Email Address FAX (A/C, No): Agent Fax Number Subcontractor's Insurance Agency **Address** City, State, Zip INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Ins. Carrier 1 12354 INSURED INSURER B: Ins. Carrier 2 14785 INSURER C: Ins. Carrier 3 Subcontractor's Business Name 98756 Address INSURER D : City, State, Zip INSURER E :

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.

INSURER F

INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000
Α		Y	Y	12345689	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	X POLICY PRO- JECT LOC			TT			A X7	\$	
	AUTOMOBILE LIABILITY			10 0	CA		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO	1	7	inie U	20		BODILY INJURY (Per person)	\$	
В	ALL OWNED SCHEDULED AUTOS	Y	Y	3987746251	01/05/2023	01/05/2024	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	Y	125647	2/14/2023	2/14/2024	X WC STATU- TORY LIMITS OTH- ER		
_	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	1,000,000
C	(Mandatory In NH)	N/A	1	123047	2/14/2023	2/14/2024	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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	CANCELLATION

General Contractor's Business Name Address City, State, Zip

AUTHORIZED REPRESENTATIVE

Must Be Signed By Licensed Producer

ACORD 25 (2010/05)

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