

Addendum D - Insurance Certificate Sample

Sample Certificate of Insurance

Business' Insurance Broker

ACORD <small>PRODUCER</small>		CERTIFICATE OF LIABILITY INSURANCE			Date (mm/dd/yy) 08/01/00	
Agency Manager, Inc. 2500 Bond Street University Park, IL 60466		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
Phone No. 800-999-5368		COMPANIES AFFORDING COVERAGE				
INSURED Valet Business		COMPANY A Blue Sky Insurance				
123 Main Street		COMPANY B				
San Francisco CA 45678		COMPANY C				
		COMPANY D				
COVERAGES						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE 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.						
	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	UNITS	
<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	123456789	01/01/12	01/01/13	GENERAL AGGREGATE	\$	1,000,000
				PRODUCTS-COMP/OP AGG	\$	1,000,000
				PERSONAL & ADV INJURY	\$	1,000,000
				EACH OCCURRENCE	\$	1,000,000
				FIRE DAMAGE (Any one fire)	\$	50,000
				MED EXP (Any One Person)	\$	5,000
<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS	SAMPLE	ONLY		COMBINED SINGLE LIMIT	\$	
				BODILY INJURY (Per Person)	\$	
				BODILY INJURY (Per Accident)	\$	
<input type="checkbox"/> GARAGE LIABILITY	SAMPLE	ONLY		AUTO ONLY -EA ACCIDENT	\$	
				OTHER THAN AUTO ONLY	\$	
<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	SAMPLE	ONLY		EACH OCCURRENCE	\$	
				AGGREGATE	\$	
<input type="checkbox"/> WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY C	SAMPLE	ONLY		WC STATUTORY LIMITS		
				OTHER		
				EACH OCCURRENCE	\$	
				EL DISEASE-POLICY LIMIT	\$	
EL DISEASE - EA EMPLOYEE \$						
DESCRIPTION OF OPERATIONS /LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS						
RE: <Event Name>, <Event Date> Certificate holder is an Additional Insured as listed on the attached Form						
CERTIFICATE HOLDER				CANCELLATION		
City of Sacramento Special Event Services 4623 T Street, Suite B Sacramento, CA 95819				SHOULD ANY OF THE ABOVE DESCRIBED PLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		
				AUTHORIZED REPRESENTATIVE		
ACORD 25-S (1/95)				ACCORD CORPORATION 1998		

Name of Insured (it should match the name as written on application)

Current dates are required

Total CGL amount should be \$1million

Claims Made or Modified Occurrence is not acceptable

This section should reference the event and date of event

Signed by the Broker or Insurance Company only

POLICY NUMBER: *(GL Policy Number must be referenced here)*

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) Or Organization(s)

The City of Sacramento, its officials, agents, employees, and volunteers.

Information required to complete this schedule, if not shown above, will be shown in the Declarations.

- A. Section II - **Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability out of ongoing operations performed for that insured.
- B. With respect to the insurance afforded these additional insureds, the following exclusion is added:
2. Exclusions
This insurance does not apply to "bodily injury" or "property damage" occurring after:
- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations as been completed;
or
 - (2) That portion of "your work", out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.