

Subcontractor's Insurance Broker

Sample Certificate of Insurance

ACORD PRODUCER		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.				
Name of Subcontractor (it should match the name as written in the Subcontract)		COMPANIES AFFORDING COVERAGE				
Phone No. 800-999-5368		COMPANY A Selective Insurance Company				
INSURED Subcontractor		COMPANY B Indemnity Insurance				
123 Main Street		COMPANY C State Fund				
San Francisco CA 45678		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	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS	123456789	08/01/00	08/01/01	GENERAL AGGREGATE	\$ 2,000,000
					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
					COMBINED SINGLE LIMIT	\$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTOS	123456789	08/01/00	08/01/01	BODILY INJURY (Per Person)	\$
					BODILY INJURY (Per Accident)	\$
	GARAGE LIABILITY	SAMPLE	ONLY		AUTO ONLY -EA ACCIDENT	\$
					OTHER THAN AUTO ONLY	\$
					EACH ACCIDENT	\$
					AGGREGATE	\$
B	<input checked="" type="checkbox"/> EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	456789123	08/01/00	08/01/01	EACH OCCURRENCE	\$ 1,000,000
					AGGREGATE	\$ 1,000,000
	WORKERS' COMPENATION AND EMPLOYERS' LIABILITY	345678912	08/01/00	08/01/01	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
					<input type="checkbox"/> OTHER	
					EACH OCCURENCE	\$ 1,000,000
					EL DISEASE-POLICY LIMIT	\$ 1,000,000
					EL DISEASE - EA EMPLOYEE	\$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS						
RE: Much Needed Renovation Project Job No. 97-5210 General Liability - Certificate Holder is an Additional Insured per attached Form CG 20 10 11 85 and coverage is primary and non-contributory with any insurance carried by Additional Insured.						
CERTIFICATE HOLDER				CANCELLATION		
0000000				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 AGENS OR REPRESENTATIVES		
				AUTHORIZED REPRESENTATIVE		
ACORD 25-S (1/95)				ACCORD CORPORATION 1998		

Name of Subcontractor (it should match the name as written in the Subcontract)

Claims Made or Modified Occurrence is not acceptable

This section should reference the job number, project name, and/or location

This should name the proper company with full address

Signed by the Broker or Ins Co. only

This wording should be "X"d out

Current dates are required

The two "each occurrence" boxes should total at least as much as required in the Subcontract

The totals in each box should be at least \$1 million

Sample Additional Insured Endorsement

This policy number should be the same as that listed for General Liability on the Certificate of Insurance

The Named Insured should always be the same as the "Insured" name on the Certificate (it should also read exactly the same as in the Subcontract Agreement)

POLICY NUMBER: COMMERCIAL GENERAL LIABILITY

NAMED INSURED:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement).

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of "your work" for that insured by or for you

It is further agreed that such insurance as is afforded by this policy for the benefit of the above Additional insured(s) shall be primary insurance as respects any claim, loss or liability arising out of the Named Insured's operations and any other insurance maintained by the Additional Insured(s) shall be excess and non-contributory with the insurance provided hereunder.

It is agreed that the above policy contains a standard cross liability or severability on interest clause.

CG 20 10 11 85

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This Should always reference Form B – there is a Form A, but it provides inadequate coverage

Should list out the project, name, location and/or project number that the Subcontract Agreement refers to

This is where all the Additional Insureds should be listed, if the endorsement is not a Blanket Addl Ins Endst.

The primary wording, as required in the contract, is usually typed onto the Additional Insured Endorsement here. The severability of interest clause is often typed here too

This is the standard endorsement number (CG 20-10). The 11-85 edition date may be required by the Subcontract Agreement