

# EXAMPLE - CERTIFICATE OF INSURANCE

Date(mm/dd/yy)

DATE

PRODUCER  
*NAME AND ADDRESS OF INSURANCE AGENCY*

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONVEYS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED AFFORDING COVERAGE**

INSURED  
*NAME AND ADDRESS OF INSURED*

Insurer A:	<i>NAME OF INSURANCE CARRIER WITH</i>
Insurer B:	<i>A "BEST RATING" OF A-VII OR BETTER</i>
Insurer C:	
Insurer D:	
Insurer E:	

**COVERAGES**

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 CONTRACTOR OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE SAFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

C o l u m n	Type of Insurance	Policy Number	Policy Effective Date(mm/dd/yy)	Policy Expiration Date(mm/dd/yy)	Limits																
X	<b>General Liability</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MODE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input type="checkbox"/> CONTRACTUAL	XXXXXXXXXX		<b>MINIMAL</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>GENERAL AGGREGATE</td> <td style="text-align: right;">\$2,000,000</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td>PERSONAL &amp; ADV INJURY</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td>EACH OCCURANCE</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td>FIRE DAMAGE (any one fire)</td> <td style="text-align: right;">\$50,000</td> </tr> <tr> <td>MED EXP (any one person)</td> <td style="text-align: right;">\$5,000</td> </tr> </table>	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$1,000,000	PERSONAL & ADV INJURY	\$1,000,000	EACH OCCURANCE	\$1,000,000	FIRE DAMAGE (any one fire)	\$50,000	MED EXP (any one person)	\$5,000				
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	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">AGGREGATE</td> <td></td> </tr> </table>	AGGREGATE															
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X	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  THE PROPRIETOR/ OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	XXXXXXXXXX			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">XXXX</td> <td style="width: 40%;">STATUTORY LIMITS</td> <td style="width: 50%;"></td> </tr> <tr> <td>EACH ACCIDENT</td> <td></td> <td style="text-align: right;">\$100,000</td> </tr> <tr> <td>DISEASE - POLICY LIMIT</td> <td></td> <td style="text-align: right;">\$500,000</td> </tr> <tr> <td>SEASE - EACH EMPLOYEE</td> <td></td> <td style="text-align: right;">\$100,000</td> </tr> </table>	XXXX	STATUTORY LIMITS		EACH ACCIDENT		\$100,000	DISEASE - POLICY LIMIT		\$500,000	SEASE - EACH EMPLOYEE		\$100,000				
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	<b>OTHER</b>				<p style="text-align: center;"><b>THIS STATEMENT SHOULD DESCRIBE CONTRACT AND INCLUDE ADTL INSURED</b></p>																

**ANY AUTO SHOULD BE COVERED**

*If worker's comp is required. Coverage should be listed here, otherwise waiver form required.*

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
 CONTRACT NUMBER XXXX BETWEEN (CONTRACTOR) and (AGENCY NAME), EFFECTIVE DATES. THE FOLLOWING ARE ADDITIONAL INSURED - THE STATE OF NEVADA, ITS OFFICERS, EMPLOYEES AND IMMUNE CONTRACTORS.

CERTIFICATE HOLDER  
  
 STATE OF NEVADA  
 ATTN: AGENCY NAME/CONTACT  
 123 WEST MAIN STREET  
 CARSON CITY, NV 89701

CANCELLATION  
  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NMAE TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY F ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTI

AUTHORIZED REPRESENTATIVE

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## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER

**1** This block identifies the Agent or Broker.

This notice confirms the provisions of the California Insurance Code, § 384. Other states have similar provisions. It states that the policy, not the certificate governs coverage.

**2**

THIS CERTIFICATE IS ISSUED AS 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.

INSURED

**4** The insured is your entity's contractor or lessee.

**3** INSURERS AFFORDING COVERAGE

The insurer will be identified here. The insurer letter appears again in the left-hand margin near the center of the page\* to show which insurer provides which type of coverage.

INSURER A:  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>3</b>	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR	<b>5</b>			EACH OCCURRENCE \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOG <input type="checkbox"/>				FIRE DAMAGE (Any one fire) \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	<b>6</b>			COMBINED SINGLE LIMIT (Ea accident) \$
	GARAGE LIABILITY ANY AUTO				BODILY INJURY (Per person) \$
	EXCESS LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>	<b>7</b>			BODILY INJURY (Per accident) \$
	DEDUCTIBLE RETENTION \$				PROPERTY DAMAGE (Per accident) \$
	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY	<b>8</b>			AUTO ONLY - EA ACCIDENT \$
	OTHER				AUTO ONLY: EA ACC \$
					OTHER THAN AUTO ONLY: EA ACC \$
					EACH OCCURRENCE AGGREGATE \$
					WC STATUTORY LIMITS OTH-ER \$
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$

**5** This notice again states that the policy supersedes the certificate form.

**6** This section and those immediately below show the type of coverage provided through the agent or broker identified in above. If the insured uses more than one broker, this certificate will not identify all existing.

**7** These two column shows inception and expiration dates for policies identified. Pay special attention that coverage does not expire before or during your project or lease.

**8** This column identifies limits per occurrence and aggregate for each type of coverage afforded. Pay special attention to low aggregate limits for public works-type contractors. Losses on other jobs may reduce your coverage.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL/PROVISIONS

**9** This section will usually be used to restrict coverage to a specific job or lease. Watch for restrictions that would omit the coverage required by your specifications.

**11** Cancellation provisions as written guarantees nothing. Some brokers will cross out the words "endeavor to" but his still does not amend the policy.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

**10** Certificate holder is your entity.

**12** The authorized representative of the insurer should be an employee, unless the agent or broker is specifically authorized to sign on behalf of the company.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

### Additional Insured Matrix – General Liability

The table listed below compares the various construction and service related additional insured endorsements. If you have any questions regarding these endorsements, please contact Risk Management. In addition to the endorsements listed in the table, samples endorsements are provided within the insurance manual, "Insurance and Indemnification Requirements for Contracts".

Form# (last 4 digits month and year form issued)	Form Name	Includes Completed Operations <sup>1</sup>	Includes Sole Negligence Coverage <sup>2</sup>	Comments
CG 20 10 11 85	Owners, Lessees, or Contractors (Form B)	Yes	Yes	The best, harder endorsement to get
CG 20 10 10 01	Owners, Lessees, or Contractors Scheduled	No	Yes	Recommended in lieu of CG 20 10 11 85, Use With CG 20 37 10 01
CG 20 37 10 01	Owners, Lessees, or Contractors Scheduled	Yes	Yes	Recommended in lieu of CG 20 10 11 85, Use With CG 20 10 10 01
CG 20 10 10 93	Owners, Lessees, or Contractors (Form B)	No	Yes	
CG 20 10 03 97	Owners, Lessees, or Contractors Scheduled	No	Yes	
CG 20 10 07 04	Owners, Lessees, or Contractors - Scheduled Person or Organization	No	No	Designated Additional Insured and scheduled covered operations
CG 20 26 07 04	Additional Insured - Designated Person or Organization	No	No	Designated Additional Insured
CG 20 37 07 04	Owners, Lessees, or Contractors - Completed Operations	Yes	No	Use CG 20 10 (1993 or later) - Limited to scheduled completed operation
CG 20 33 07 04	Owners, Lessees, or Contractors - Automatic Status in Construction Agreement	No	No	Blanket endorsement - Only provides an additional insured with coverage during the project
CG 25 03 11 85	Aggregate Limits of Insurance (Per project)	N/A	N/A	Recommended

<sup>1</sup> Completed Operations recommend for all construction contacts.

<sup>2</sup> Sole Negligence for the party provided indemnification and the additional insured status.

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Reproduction of Insurance Services Office, Inc. Form

POLICY NUMBER: COMMERCIAL GENERAL LIABILITY

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:  
State of Nevada, \_\_\_ (Agency Name) \_\_\_\_\_, its officers, employees and immune contractors as  
defined in NRS 41.0307.

(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.

CG 20 10 11 85 Copyright, Insurance Services Office, Inc., 1982

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POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

**SCHEDULE**

**Name of Person or Organization:**

State of Nevada, \_\_\_(Agency Name)\_\_\_\_\_, its officers, employees and immune contractors as defined in NRS 41.0307.

(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 as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.