



Quick Tips: EVIDENCE OF COVERAGE CERTIFICATE Understanding the Acord Certificate of Insurance

1. **PRODUCER**
Insurance Agent/
Broker who issues
certificate.

2. **NAME OF INSURED**
Must be the legal
name of the
contracting party.

3. **TYPES OF INSURANCE**
Must include the
types of insurance
required by
contract.

4. **POLICY FORM**
"Claims made" or
"occurrence" form.

5. These are
examples of
coverages,
coverages are
specific to
services/products
provided.

6. **CERTIFICATE HOLDER**
Evidence of
coverage may
show up in the
Description Of
Operations or
Certificate
Holder section.
Vendors receive
an Evidence of
Coverage COI
from their agent/
broker upon
issuance of
coverage.

7. **POLICY EFFECTIVE DATE**
Must be prior to or
coincidental with
effective date of
contract.

8. **POLICY EXPIRATION DATE**
If occurrence form,
date must be on
or after termination
of contract

9. **LIMITS OF INSURANCE**
Must be the same
or greater than
required by
contract.

10. **DESCRIPTION OF OPERATIONS**
Evidence of
Coverage Only
sometimes placed
here; coverage(s)
sometimes
described here.

12. **AUTHORIZED REPRESENTATIVE**
Must be signed

ACORD CERTIFICATE OF INSURANCE ISSUE DATE (MM/DD/YY)
xx/xx/xx

PRODUCER
Bill Jones Insurance Agency (example)
License #0C32505
40 E. Main St. Ste. 1100
Santa Clarita, CA 94405
Ph.#: 800-683-0000

INSURED
LEGAL NAME & ADDRESS OF VENDOR
11111 ABC ST, SUITE 1
CITY, STATE ZIP CODE

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** TRAVELERS INDEMNITY OF WISCONSIN (example)
COMPANY LETTER **B** RELIANCE INSURANCE OF PENNSYLVANIA (example)
COMPANY LETTER **C** STATE INSURANCE COMPANY (example)
COMPANY LETTER **D**
COMPANY LETTER **E**

COVERAGES
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME(S) 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 OTHER CLAIMS.

CO LTR	TYPE OF INSURANCE	ADDITIONAL CODES (SEE 101)	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS (IN THOUSANDS)
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT. <input type="checkbox"/> PROJECT	X	NGA0105086-09	xx/xx/xx	xx/xx/xx	GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMPIOPS AGGREGATE \$1,000,000 PERSONAL & ADVERTISING INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$2,000,000 MEDICAL EXPENSE (Any one person) \$2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY		0105081-RDE	xx/xx/xx	xx/xx/xx	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
C	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		46699898	xx/xx/xx	xx/xx/xx	EACH OCCURRENCE \$1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X	JKA010-9087654	xx/xx/xx	xx/xx/xx	<input checked="" type="checkbox"/> STATUTORY LIMITS \$ 500,000 (EACH ACCIDENT) \$ 500,000 (DISEASE-POLICE LIMIT) \$ 500,000 (DISEASE-EACH EMPLOYEE)
	OTHER Professional Liability					Per Claim 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

EVIDENCE OF COVERAGE ONLY

CERTIFICATE HOLDER

EVIDENCE OF COVERAGE ONLY

CANCELLATION
Should any of the above described policies be canceled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

AUTHORIZED REPRESENTATIVE
William J. Doe

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Please contact the Risk Management Division with questions (970) 498-5963 or InsuranceCert@larimer.org

1. THE PRODUCER: Produces or orders Certificate for insured; answers questions, revises certificate to meet contract requirements.
2. NAME OF INSURED: Must be legal name of contracting party.
3. TYPES OF INSURANCE: Must include types required by contract.
4. POLICY FORM: Will indicate claims-made or occurrence form; see "8. Policy Expiration Date".
5. NAMED ADDITIONAL INSURED: **NOT REQUIRED FOR AN EVIDENCE OF COVERAGE CERTIFICATE.**
6. CERTIFICATE HOLDER: May say name and address of the listed Insured or Evidence of Coverage Only.
7. POLICY EFFECTIVE DATE: Must be prior to or coincidental with effective date of contract.

8. POLICY EXPIRATION DATE: For "occurrence" form coverage, date should be on or after the termination date of contract; if "claims-made coverage," coverage must survive for a period not less than three years following termination of contract and shall provide for a retroactive date of placement prior to or coinciding with the effective date of contract.
9. LIMITS OF INSURANCE: Must be same or greater than required by contract.
10. DESCRIPTION OF OPERATIONS: Review information in this section to determine it is consistent with contract.
11. AUTHORIZED REPRESENTATIVE: Must be signed by an authorized representative of Producer.