

Certificates of insurance are provided/obtained to verify the existence of coverage and determine whether existing coverage limits are adequate and meet contract requirements. When obtaining a certificate of insurance, the recipient of the form should verify the insured is a well-established, legal entity with a permanent address, telephone number and business license where required.

The certificate is issued as a matter of information only and confers no rights upon the certificate holder. The certificate does not amend, extend or alter the coverage afforded by the policy(ies) listed. If the recipient of the form has a verifiable interest in the policy, such as an additional insured, the policy must be amended by endorsement to provide the appropriate coverage.

1. **PRODUCER:** Insurance agent/broker who issues certificate.

2. **NAME OF INSURED:** Must be the legal name of the contracting entity for whom confirmation of coverage is desired.

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

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

5. **DESCRIPTION OF OPERATIONS/ LOCATIONS/VEHICLES/ EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS:** Additional insured references and sometimes job specific information would be shown here.

6. **CERTIFICATE HOLDER:** Name and address of the individual or entity for whom the certificate is being prepared.

1. **PRODUCER:** It is a prudent practice to accept a certificate of insurance from the insurance company or producer only, not directly from the contractor, subcontractor, tenant or service provider, to protect against receipt of false certificates.
2. **NAME OF INSURED:** Name and address as they appear on the policy declaration page that should correspond to the valid, legal name of the company
3. **TYPES OF INSURANCE:** Must include types of insurance required by contract.
4. **POLICY FORM:** Claims made describes an insurance policy that covers claims first made (reported or filed) during the year the policy is in force for any incident that occurred that year or during any previous period during which the insured was covered under a claims made contract. The occurrence policy covers an incident occurring while the policy is in force regardless of when the claim arising out of that incident is filed.
5. **DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:** Named additional insureds can be listed here but this section should also indicate the endorsement form providing the coverage. Preferably the applicable forms should be attached. Review information in this section to determine it is consistent with contract requirements.

7. **COMPANIES AFFORDING COVERAGE:** Legal name(s) as found under the terms of the policy.

8. **POLICY EFFECTIVE DATE:** Date on which the terms of the policy commenced. Must be prior to or coincidental with effective date of contract.

9. **POLICY EXPIRATION DATE:** Date on which the terms of the policy expire. If occurrence form, date must be on or after termination of contract

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

11. **NOTICE OF CANCELLATION:** Sets out the number of days in which the insurance company will try to mail a written notice to the insured stating its intent to cancel the policy of insurance prior to its expiration date.

12. **AUTHORIZED REPRESENTATIVE:** Must be signed not stamped.

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>						DATE (MM/DD/YYYY)	
<b>PRODUCER</b> Bill Jones Insurance Agency 100 E. Main St. Des Plaines, IL 60019 (800) 123-4567		<b>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.</b>					
<b>INSURED</b> John Smith Roofing Services, Inc. 123 W. First Ave. Rosemont, IL 60018		<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>			
		INSURER A: CNA Insurance Company					
		INSURER B: Lexington Insurance Company					
		INSURER C: Statewide Insurance Company					
		INSURER D:					
		INSURER E:					
<b>COVERAGES</b>							
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. ADD'L. LTR. INSR.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RCA010656A	5/1/06	5/1/07	EACH OCCURRENCE	\$ 1,000,000	
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
						MED EXP (Any one person)	\$ 50,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COM/PROP AGG	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>							
C	<b>AUTOMOBILE LIABILITY</b> <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 checked="" type="checkbox"/> NON-OWNED AUTOS	10115831RCA	5/1/06	5/1/07	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
					BODILY INJURY (Per person)	\$ 1,000,000	
					BODILY INJURY (Per accident)	\$ 500,000	
					PROPERTY DAMAGE (Per accident)	\$ 1,000,000	
						AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY - EA ACC	\$
						AGG	\$
B	<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 1,000,000	KA7566-08	5/1/06	5/1/07	EACH OCCURRENCE	\$ 5,000,000	
					AGGREGATE	\$ 10,000,000	
							\$
							\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	KA7566-08	5/1/06	5/1/07	WC STATUTORY LIMITS	\$	
					OTH-EX	\$	
					E.L. EACH ACCIDENT	\$ 1,000,000	
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
<b>OTHER</b>							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS							
The state of Illinois, its officers, agents and employees are named as additional insureds as their interests may appear							
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>			
State of Illinois 100 N. LaSalle St. Chicago, IL 60603				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 Fred Jones			
ACORD 25 (2001/08)				© ACORD CORPORATION 1988			

6. **CERTIFICATE HOLDER:** Must show full name and mailing address of entity for which certificate is being prepared
7. **COMPANIES AFFORDING COVERAGE:** Designed for use in certifying coverage issued by the listed companies, including their full legal company name(s) as found under the terms of the policy
8. **POLICY EFFECTIVE DATE:** Must be prior to or coincidental with effective date of contract
9. **POLICY EXPIRATION DATE:** Should be on or after the termination of contract
10. **LIMITS OF LIABILITY:** Aggregate limits shown may have been reduced by paid claims
11. **NOTICE OF CANCELLATION:** Often revised to reflect 10 days cancellation provision for nonpayment of premium
12. **AUTHORIZED REPRESENTATIVE:** Must be an original signature of the agent, broker or other representative authorized by the insurance company

Questions: Contact Adrienne Anglin, NRCA's vice president of enterprise risk management, at (847) 493-7536 or aanglin@nrca.net.