



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

15.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER 1.	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED 2.	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

3.

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
4.	GENERAL LIABILITY			5.	6.	7.	8.	EACH OCCURRENCE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	<input type="checkbox"/>	<input type="checkbox"/>					MED EXP (Any one person)	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY	\$
								GENERAL AGGREGATE	\$
								PRODUCTS - COMP/OP AGG	\$
									\$
	AUTOMOBILE LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>					COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>					PROPERTY DAMAGE (Per accident)	\$
									\$
	UMBRELLA LIAB	<input type="checkbox"/>	<input type="checkbox"/>					EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>					AGGREGATE	\$
	DED	<input type="checkbox"/>	<input type="checkbox"/>						\$
	RETENTION \$								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$

9.

10.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

11.

## CERTIFICATE HOLDER

## CANCELLATION

13.

12.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

14.

### CERTIFICATE OF INSURANCE (COI) CHECKLIST

#	Section	Explanation/ <b>Action that the Reviewer Must Take</b>
1	Producer	The agent/producer that your vendor/contractor has hired to manage their insurance. The name and contact info should be listed.
2	Insured	The name and address of the vendor/contractor.
3	Insurer(s) affording Coverage	The insurance carrier that are providing the required insurance. <b>You must verify that they have an A.M. Best rating of A-VIII or higher.</b> If not, the terms of the contract have NOT been met.
4	Type of Insurance	The very first column – Insurance Letter (“INSR LTR”) – should sync up with #3, the carrier offering the coverage. <b>You should check to assure that the requested coverages / lines of business have been secured.</b> The COI specifically lists general liability, auto liability, umbrella and excess liability, workers compensation and employers liability. There’s a blank space if additional coverages are needed and/or another page should be attached.
5	Additional Insured & Waiver of Subrogation	Both of these extensions are required and either <b>should be checked next to the applicable line of coverage ( columns “ADDL INSD” and “SUBR WVD” and/or noted in item 10 – description of operations.</b>
6	Policy Number	The Insurance Carrier’s policy number exclusive to their insured.
7/8	Policy Period	The period in which your vendor/contractor has the coverage that you have required. Policy periods typically will not be greater than 1 year. <b>If it has expired, you must request an active certificate immediately as your contractor / vendor has not provided you proof of existing coverage. If it will expire within 2 months, you should immediately request an updated certificate. If you expect your contract to be in force past the insurance expiration date, create a diary request 60 days prior to the insurance expiration, to follow up for an updated COI.</b>
9	Limits of Coverage	The Limits of liability in place for each Line of Business. <b>Check to be sure that you have documented proof of the limits of liability that the contract requires.</b> The limits can be higher, but not less.
10	Types of Insurance	See #4 above.
11	Description of Operations	Special coverage requests, endorsements and exposures might be mentioned here. <b>Often additional insureds and waivers of subrogation are noted in this box. See item 5.</b>
12	Certificate holder	<b>It must read: The Government of the District of Columbia.</b>
13	Cancellation	We require 30 days prior written notice if the policy limit is reduced and/or the policy is cancelled prior to expiration. 10 days notice if the policy is cancelled for non-payment of premium. <b>This should be noted in this box or sent back for revision.</b>
14	Authorized Signature	COI must be <b>signed</b> to be official.