

## Sample Policy for Requiring Certificates of Insurance

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All contractors/vendors wishing to do business with ***[insert entity name]*** will provide a Certificate of insurance to ***[insert title of person responsible]*** prior to the contract start date. The following minimum requirements must be incorporated in every Certificate of Insurance:

1. Dated and signed by the Insurer's authorized representative;
2. The "Insured" name and address that should match those on the contract or agreement with contractor/vendor;
3. The "Insurer(s) Affording Coverage" section completed, listing the insurance company and their National Association of Insurance Commissioners (NAIC) number;
4. The letter for the Insurer(s) Affording Coverage, "Type of insurance", "Policy Number", "Policy Eff" (effective) and "Policy Exp" (expiration) dates and "Limits";
5. The policy(ies) must be in effect on the date presented;
6. Minimum types of coverages include General Liability and Workers Compensation and if the contract involves operation of vehicles on entity premises, Automobile Liability;
7. All Certificates of Insurance evidencing General Liability shall:
  - a) Designate with an entry under "Addl Insr"; and specify under "Description of Operations/Locations/Vehicles" that ***[insert entity name]*** its elected and appointed officials and employees are an "Additional Insured"; and
  - b) Required insurance should be written on a per occurrence basis "OCCUR" checkbox;
8. Under "Description of Operations/Locations/Vehicles" it should specify the agreement or project that necessitates the Certificate of Insurance;
9. All contractors shall agree to provide a minimum of thirty (30) days advanced written notice of cancellation if their insurers do not permit an agreement to notify the Certificate holder of cancellation of the contractor's policy;
10. Entity name and address should appear correctly under Certificate Holder;
11. A new Certificate of Insurance must be obtained for each and every job and at each renewal of the contractor's insurance; and
12. Certificate of Insurance shall be maintained in a single central location and should be kept on file for at least five (5) years after the completion of each project.

***[insert entity name]*** also recognizes that in order for these requirements to be effective, there needs to be centralized contract management with support from legal counsel.

***[insert title of person responsible]*** is responsible for maintaining a log/spreadsheet of contractors to include contractor, effective date of COI, and expiration date of COI. ***[insert title of person responsible]*** is responsible for reviewing the log regularly to ensure that COIs are renewed before the expiration date, and for removing COI's that are no longer valid.

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

# 1

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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : # 3	NAIC # # 3
	INSURER B : # 3 (if applicable)	# 3
INSURED # 2	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

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

#7a  
#8  
#9

### CERTIFICATE HOLDER

### CANCELLATION

# 10	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE</p> <p># 1</p>

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