Certificate of Insurance

Accord Form - The most common form used

1. **Insured**: Is the name of the insured the same as the company doing the business?

2. Is **General Liability** checked?
    a. Occur box should be checked.
    b. Policy dates should be within dates of job.
    c. Limit should be a minimum of $1,000,000.00 in each occurrence box.
    d. **"ADD INSR"** box must be checked.

3. Is **Automobile Liability** checked?
    a. Typically look for any auto, but this will depend on their policy and contract-scope of work.
    b. Policy dates should be within dates of job.
    c. Limit should be a minimum of $1,000,000.00 in combined single limit.

4. **Excess/Umbrella Liability**: not *always* needed. Please reference their contract-scope of work for this item.

5. **Workers Compensation and Employers Liability** :
    a. Should be included but can be on a separate certificate or form.
    b. The following limits should be listed, at minimum: $100,000/500,000/100,000.

6. **Other**: Coverage such as 'Errors and Omissions', 'Professional Liability' and other additional lines of insurance can be added here.

7. **Description of Operations etc.**
    This is where the **wording MUST include the City of Edmond as an additional insured**. Other specific information can be included here such as the contract number, event, and exclusions that may apply to their policy.

8. **Certificate Holder**: must be the City of Edmond.

9. **Authorized Signature**: must be present.

**If any of these items are missing, voided, incorrect or expired, etc.
the certificate is invalid and should be corrected prior to work.**

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

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PRODUCER	CONTACT NAME: Agency/Company Contact information
Name and Address of Agent or Broker	PHONE (A/C, No, Ext): / FAX (A/C, No):
	E-MAIL ADDRESS:

	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Name of Insurance Company	

INSURED	INSURER B : Name of Insurance Company	
Name and Address of Vendor, Event Holder Or Contractor	INSURER C : Name of Insurance Company	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
2 A	**GENERAL LIABILITY** [X] COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR	X		XX-XXXXXX	7/1/2015	7/1/2016	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
								$
3 A	**AUTOMOBILE LIABILITY** [X] ANY AUTO ALL OWNED AUTOS / SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			XX-XXXXXX	7/1/2015	7/1/2016	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
4 A	[X] **UMBRELLA LIAB** [X] OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $	X		XX-XXXXXX	7/1/2015	7/1/2016	EACH OCCURRENCE	$ 1,000,000
							AGGREGATE	$ 1,000,000
								$
5 B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		XXXXXXXX	1/1/2015	1/1/2016	[X] WC STATUTORY LIMITS / OTH-ER	
							E.L. EACH ACCIDENT	$ 100,000
							E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
6 C	Professional Liability Errors & Omissions			XXX-XXX-XXX	1/1/2015	1/1/2016	Each Occurrence Aggregate	$1,000,000 $1,000,000

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: (event name/description)
The City of Edmond is named as an Additional Insured with respect to the operations of the insured.

or

Certificate Holder is an Additional Insured per form CG 20 12 (or equivalnat) on General Liability.
RE: (event name/description)

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CERTIFICATE HOLDER	CANCELLATION
The City of Edmond Attn: Sarah London PO Box 2970 Edmond OK 73083	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	9 AUTHORIZED REPRESENTATIVE Name/signature of producer

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