


# Sample Certificate of Liability

Items A, B, D, F, G, H are required as shown. Item C is not required, but if it is listed on the certificate it must be included for the additional insureds. Item E required only when design is included in the project.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**7/11/2014**

**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).**

<b>PRODUCER</b>  <b>INSURANCE COMPANY NAME AND ADDRESS</b>	<b>CONTACT NAME:</b> Jane Doe <small>PHONE (INC. NO. EXT.)</small> <small>E-MAIL ADDRESS:</small> <small>FAX (A/C, NO.)</small> <hr/> <small>INSURER(S) AFFORDING COVERAGE</small> <b>INSURER A:</b> Popular Insurance Company <b>NAIC #</b> 98765 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
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<b>INSURED</b>  <b>CONTRACTOR NAME AND ADDRESS</b>	
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**COVERAGES**      **CERTIFICATE NUMBER:** 1354612351      **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
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pollution Liab <input checked="" type="checkbox"/> Professional Liab <small>GENL AGGREGATE LIMIT APPLIES PER:</small> <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y		EPP0220777 G24865587-005	12/31/2013 1/8/2014	12/31/2014 1/8/2015	EACH OCCURRENCE \$1,000,000 AGGREGATE PER OCCURRENCE \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPROP AGG \$2,000,000 Per Each CBIM \$1,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y		EPP0220777	12/31/2013	12/31/2014	COMBINED SINGLE LIMIT (a accident) \$1,000,000 ODLY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0	Y		EPP0220777	12/31/2013	12/31/2014	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	18940 EPP0220777	1/1/2014 12/31/2013	12/31/2014 12/31/2014	<input checked="" type="checkbox"/> INC STALL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> OH STOP GAP L. EACH ACCIDENT \$1,000,000 L. DISEASE - EA EMPLOYEE \$1,000,000 L. DISEASE - POLICY LIMIT \$1,000,000
E	Installation/Bldrs Risk			EPP0220777	12/31/2013	12/31/2014	Installation Floater \$500,000 Property in Transit \$50,000 \$50,000
F	Professional Liab.			ABC123456789	12/31/2014	12/31/2015	\$1,000,000 Limit

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

**PARISH/HIGH SCHOOL NAME, Archbishop Dennis M. Schnurr and the Archdiocese of Cincinnati are named as additional insureds.**

<b>CERTIFICATE HOLDER</b>  <b>NAME AND ADDRESS OF PARISH OR HIGH SCHOOL</b>	<b>CANCELLATION</b> 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 <i>A. Representative</i>
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Note: Date should reflect a current date consistent with the project date.

- A** – General Liability. Amounts required circled. The ADDL INSR box should be checked or marked “Y”.
- B** – Automobile Liability. Amount required circled. The ADDL INSR box should be checked or marked “Y”.
- C** – Umbrella Liability. If Umbrella Liability is listed on the certificate, it must apply to the additional Insureds. Either the ADDL INSR box should be checked or marked “Y” OR “**Umbrella Policy follows form.**” should be added to the Description of Operations.
- D** – Installation Floater. Amount should be equal to or greater than project cost (circled). Builder’s Risk insurance may be needed in some circumstances instead of the installation floater.
- E** – Professional Liability. Amount required circled. May be required if design is included in the project.
- F** – Additional Insured Language. Make certain the parish/school, Archbishop, and the Archdiocese are listed. If the phrasing specifies the types of insurance in the language, make sure both General and Automobile are included (and Umbrella if listed).
- G** – Certificate Holder. List parish/school as the certificate holder.
- H** – Policy Dates. Verify dates to confirm that the policy is in effect.