

# Quick Tips: Understanding the Acord Certificate of Insurance

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) 07/14/2011

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).

**1. PRODUCER**  
Insurance Agent/Broker who issues certificates.

**2. NAME OF INSURED**  
Must be the legal name of the contracting party.

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

**4. POLICY FORM**  
"Claims made" or "occurrence" form; see Glossary for definitions.

**5. AGGREGATE LIMIT**  
An aggregate per policy limit applies for the entire policy year ; a per project aggregate is applied to individual projects ; a per location limit applies the aggregate separately to each location.

**6. CERTIFICATE HOLDER**  
Legal name of the organization holding the event.

**7. POLICY EFFECTIVE DATE**  
Must be prior to or coincidental with effective date of contract.

**8. POLICY EXPIRATION DATE**  
If occurrence form, date must be on or after termination of contract.

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

**10. DESCRIPTION OF OPERATIONS**  
Typically used for additional information. Place, event times and projects are sometimes described here.

**11. NOTICE OF CANCELLATION**  
Refer to policy to determine carrier's practices regarding cancellation.

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

PRODUCER: Joe Broker  
712 East Houston Street  
Dallas, TX 77777-5151

INSURED: Charlie Company, Inc.  
200 East River Road  
Austin, TX 78787

CONTACT NAME: Joe Broker  
PHONE (A/C No. Extn): 512-999-1234 FAX (A/C No.): 512-999-1234  
E-MAIL: jbroker@jbroker.com  
ADDRESS: jbroker@jbroker.com

INSURER(S) AFFORDING COVERAGE NAIC #  
INSURER A: Illinois National Insurance Company 23817  
INSURER B: ACE American Insurance Company 22667  
INSURER C: Indemnity Insurance Co of North America 86514  
INSURER D: XL Insurance America Inc 24554  
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	ADDITIONAL INSURER	WARRANTY	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	WPA641258745	10/01/2010	10/01/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	5612345-BDF	10/01/2010	10/01/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	UMBRELLA LIAB EXCESS LIAB DED. RETENTION \$	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	698547	10/01/2010	10/01/2011	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	5548756	10/01/2010	10/01/2011	<input checked="" type="checkbox"/> WC STATUS-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Also see ACORD 101, Additional Remarks Schedule, if more space is required)							
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>			
Legal name of the organization holding the event.				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 Joe Broker			

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- THE PRODUCER:** Produces or orders Certificate for Insured; answers questions, revises certificate to meet contract requirements.
- NAME OF INSURED:** Must be legal name of contracting party.
- TYPES OF INSURANCE:** Must include types required by contract.
- POLICY FORM:** Will indicate claims-made or occurrence form; see "9. Policy Expiration Date" for additional information.
- AGGREGATE LIMIT:** An aggregate per policy limit applies for the entire policy period (usually one year); a per project aggregate is applied to individual projects; a per location limit applies the aggregate separately to each location.
- CERTIFICATE HOLDER:** Must be the

- POLICY EFFECTIVE DATE:** Must be prior to or coincidental with effective date of contract.
- POLICY EXPIRATION DATE:** For "occurrence" form coverage, date should be on or after the termination date of contract. If "claims-made coverage," coverage must survive for a period not less than three years following termination of contract and shall provide for a retroactive date of placement prior to or coinciding with the effective date of contract.
- LIMITS OF INSURANCE:** Must be same or greater than required by contract.
- DESCRIPTION OF OPERATIONS:** Review information in this section to determine it is consistent with contract.
- NOTICE OF CANCELLATION:** Refer to policy to determine carrier's practices regarding cancellation.
- AUTHORIZED REPRESENTATIVE:** Must be signed by an authorized representative of Producer.