

# Quick Tips Understanding the Acord Certificate of Insurance

City of Orange

1. PRODUCER Insurance Agent/Broker who issues certificate.

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 the contract.

4. POLICY FORM "Claims Made" or "Occurrence" form.

5. NAMED ADDITIONAL INSURED the City of Orange must be named additional insured.

6. CERTIFICATE HOLDER Must be the City of Orange

7. DATE CERTIFICATE ISSUED Must be current.

8. POLICY EFFECTIVE DATE Must be prior to or coincidental with effective date of contract or event.

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

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

11. DESCRIPTION OF OPERATIONS City of Orange is often named additional insured here; place and event sometimes described here.

12. AUTHORIZED REPRESENTATIVE Must be signed, not stamped

**ACORD** CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/16/2012

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: John Doe Insurance Broker, Ph: (123) 456-7890, PO Box 123456, Nampa, ID 83111

CONTACT: John Doe - Agent, Phone: (123) 456-7890, Email: john.doe@company.com

INSURED: Acme Special Event Services, PO Box 456789, Boise, ID 83000

INSURER A: Insurance Company 1, INSURER B: Insurance Company 2, INSURER C, INSURER D, INSURER E, INSURER F

CERTIFICATE NUMBER: 1234567890, REVISION NUMBER:

TYPE	TYPE OF INSURANCE	INSUR. WORD	POLICY NUMBER	INSUR. EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
X	GENERAL LIABILITY		123456	03/16/2012	03/16/2013	EACH OCCURRENCE \$ 1,000,000
	COMMERCIAL GENERAL LIABILITY	Y				PERMITS TO RENTED PREMISES (Per occurrence) \$ 1,000,000
	CLAIMS-MADE					MED EXP (Any one person) \$ 5,000
	OCUR					PERSONAL & ADV INJURY \$ 2,000,000
	GEN. AGGREGATE LIMIT APPLIES PER:					
	POLICY					GENERAL AGGREGATE \$ 2,000,000
	INCL					PRODUCTS - COMPROP AGG \$ 2,000,000
	EXCL					\$
B	AUTOMOBILE LIABILITY		789101112	03/16/2012	03/16/2013	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	HIRE/AUTOS					PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS					\$
	NON-OWNED AUTOS					\$
A	UMBRELLA LIAB		101112131415	03/16/2012	03/16/2013	EACH OCCURRENCE \$ 10,000,000
	EXCESS LIAB					AGGREGATE \$ 10,000,000
	RETENTIONS					\$
	10,000					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	0123456789	03/16/2012	03/16/2013	WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in RI)					E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEES \$ 500,000
A	Prof Liability		789456123	03/16/2012	03/16/2013	E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Event Date MM/DD/YYYY - Event Name OR Contract number XXX-XX-XXXX  
City of Orange is named as an Additional Insured where required by written contract.

CERTIFICATE HOLDER: City of Orange, Attn: Department or Contact (Optional), 300 E Chapman Avenue, Orange, CA 92866

CANCELLATION: 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: AUTHORIZED SIGNATURE HERE

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1. THE PRODUCER: Produces or orders Certificate for insured; answers questions, revises certificate to meet contract requirements.
2. NAME OF INSURED: Must be the legal name of contracting party.
3. TYPES OF INSURANCE: Must include types required by contract.
4. POLICY FORM: Will indicate claims-made or occurrence form.
5. NAMED ADDITIONAL INSURED: The Certificate must state, either under Description of Operations, check box in the appropriate column, and attached endorsement, that the City of Orange additional insured. Must attach endorsement page to Certificate.
6. CERTIFICATE HOLDER: Must be the City of Orange 300 E Chapman Ave Orange, CA 92866.
7. DATE CERTIFICATE ISSUED: Must be current.
8. POLICY EFFECTIVE DATE: Must be prior to or coincidental with effective date of contract or event.
9. POLICY EXPIRATION DATE: For "occurrence" form coverage, date should be on or after the termination date of contract or event; if "claims-made coverage", coverage must survive for a period not less than three years following termination of contract or event and shall provide for a retroactive date of placement prior to or coinciding with the effective date of contract or event.
10. LIMITS OF INSURANCE Must be the same or greater than required by the contract.
11. DESCRIPTION OF OPERATIONS Review information in this section to determine it is consistent with contract or event.
12. NOTICE OF CANCELLATION: In the event the insurance minimums are changed, Contractor shall immediately submit proof of compliance with the changed limits.
13. AUTHORIZED REPRESENTATIVE: Must be signed by an authorized representative of Producer.

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

COMMERCIAL GENERAL LIABILITY  
CG 20 12 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – STATE OR GOVERNMENTAL  
AGENCY OR SUBDIVISION OR POLITICAL  
SUBDIVISION – PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**State Or Governmental Agency Or Subdivision Or Political Subdivision:**  
  
The City of Orange is named as Additional Insured per the attached. Insurance is Primary and Non-Contributory.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

- 1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.