Sample COI



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) xx/xx/xxxx

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 have ADDITIONAL INSURED provisions or 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 Insurance Broker Contact										
Insurance Broker					PHONE FAX						
Address					(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE						NAIC#				
License#: xxxxxxx					INSURER A:						
Vendor or Business doing work with					INSURER B:						
or for City					INSURER C:						
Address					INSURER D:						
	INSURER E :										
	INSURER F:										
COVERAGES CER	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		SUBF WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
E X COMMERCIAL GENERAL LIABILITY	Υ	Y	XXXXXXXXX		xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRE	NCE	\$ 1,000	0,000	
CLAIMS-MADE X OCCUR							DAMAGE TO REN PREMISES (Ea oc	ITED ccurrence)	\$		
							MED EXP (Any one person) \$				
							PERSONAL & AD	V INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGR	EGATE	\$2,000	0,000	
POLICY X PRO- JECT LOC							PRODUCTS - CO	MP/OP AGG	\$		
OTHER:									\$		
B AUTOMOBILE LIABILITY	Υ	Υ	XXXXXXXXX		xx/xx/xxxx	xx/xx/xxxx	COMBINED SING (Ea accident)	LE LIMIT	\$ 1,000	0,000	
X ANY AUTO							BODILY INJURY (Per person) \$				
OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident) \$				
AUTOS ONLY HIRED AUTOS ONLY X AUTOS NON-OWNED AUTOS ONLY							PROPERTY DAM/ (Per accident)	AGE	\$		
AUTOS ONET							(i ci decident)		\$		
A UMBRELLA LIAB X OCCUR	Υ	Υ				EACH OCCURRENCE \$			s		
EXCESS LIAB CLAIMS-MADE	:						AGGREGATE \$				
DED RETENTION\$							\$				
D WORKERS COMPENSATION		Y	XXXXXXXXX		xx/xx/xxxx	xx/xx/xxxx	X PER STATUTE	OTH- ER	Ψ		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE N							E.L. EACH ACCIDENT \$1,000		0.000		
OFFICER/MEMBER EXCLUDED? ((Mandatory in NH)								, ,	,,000		
If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$				
DÉSCRIPTION OF OPERATIONS below C Professional Liability			XXXXXXXXX		xx/xx/xxxx	xx/xx/xxxx	Per Claim		1.000	0.000	
& Contractor's Pollution Liab. included	Contractor's						Aggregate Limit		ĺ	•	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	101 Additional Remarks Schedu	ıle may he	attached if more	snace is require	ed)				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The City of Hayward, its officials, officers, directors, employees and agents are named as Additional Insured as respects General Liability and Auto Liability as											
required per written contract or agreement. Waiver of Subrogation applies to Commercial General Liability, Automobile Liability and Workers Compensation.											
*** Please note, this alone is not enough, the City required the Additional Insured and Primary/non-contributory endorsement certificates to be included											
OFFICIOATE **** 255	CANOCI I ATION OF DEVINOR (ADDITION OF THE DEVINOR										
CERTIFICATE HOLDER					CANCELLATION 30 Day NOC/10 Day for NonPay of Prem						
City of Hayward 777 B Street Hayward CA 94541					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						
	Col.										