

# Insurance Certificate Sample

**THIS IS A LEGAL DOCUMENT, WHICH CERTIFIES THE TYPES OF COVERAGES MAINTAINED BY AN AGENCY.**

CERTIFICATE OF LIABILITY INSURANCE		DATE(MM/DD/YYYY)
<b>PRODUCER</b> ABC Insurance Services of NC 123 Any Street, Any City, NC 20001 (877) 000-5555	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURERS AFFORDING COVERAGE</b>		
<b>INSURED</b> <b>PROVIDER AGENCY NAME</b> <b>ADDRESS</b> <b>CITY, STATE, ZIP CODE</b>	<b style="color: red;">THIS SECTION SHALL LIST THE COMPANIES PROVIDING THE LIABILITY INSURANCE.</b>  INSURER A: _____ Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE- <b style="color: red;">MUST MATCH CONTRACT REQUIREMENTS</b>	POLICY NUMBER	POLICY EFFECTIVE DATE( MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS - <b style="color: red;">MUST MATCH CONTRACT REQUIREMENTS</b>
	GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY   X   CLAIMS MADE   X   OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:   X   Policy     Project     LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one Fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$  COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY- EA ACCIDENT \$ EA ACC \$ OTHER THAN AUTO ONLY AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ WC STATUTORY LIMITS   OTHER   E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNEDAUTOS				<b style="color: red;">THE POLICY EFFECTIVE DATE &amp; EXPIRATION DATE MUST BE CURRENT FOR THE DURATION OF THE CONTRACT TERM.</b>
	GARAGE LIABILITY ANY AUTO				
	EXCESS LIABILITY   X   OCCUR   X   CLAIMS MADE  DEDUCTIBLE  RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<b>MUST MATCH NC STATUTORY LIMITS</b>			
	OTHER -- <b style="color: red;">(EX. MEDICAL MAL PRACTICE, SEXUAL MISCONDUCT, PROFESSIONAL LIABILITY)</b>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS **Must Match Contract Term**

<b>CERTIFICATE HOLDER-</b>  <b style="color: red;">THIS BOX SHOULD NAME THE APPLICABLE LME AS THE CERTIFICATE HOLDER:</b>  Ex. The Durham Center 501 Willard Street Durham, NC 27701	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>30</b> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE <b style="color: red;">THIS BOX MUST CONTAIN AN AUTHORIZED SIGNATURE.</b>	