

Sample Certificate of Insurance

ACORD		CERTIFICATE OF LIABILITY INSURANCE		Date (mm/dd/yy) 08/01/00	
PRODUCER Agency Manager, Inc. 2500 Bond Street University Park, IL 60466		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.			
Name of Customer (it should match the name as written in the Rental Agreement) 800-999-5368 XYZ Renter 123 Main Street San Francisco CA 45678		COMPANIES AFFORDING COVERAGE			
POLICY NO. 123456789		COMPANY A	Selective Insurance Company		
POLICY NO. 123456789		COMPANY B	Indemnity Insurance Company		
POLICY NO. 123456789		COMPANY C	State Compensation Fund		
POLICY NO. 123456789		COMPANY D	ABC Equipment Insurance Company		
COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICTED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE 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.					
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	UNITS <i>Current dates are required</i>	
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL <input type="checkbox"/> OWNERS & CONTRACTORS <input type="checkbox"/>	123456789	08/01/10	08/01/11	GENERAL AGGREGATE	\$ 2,000,000
				<input checked="" type="checkbox"/> PRODUCTS-COMP/OP AGG	\$ 1,000,000
				<input type="checkbox"/> PERSONAL & ADV INJURY	\$ 1,000,000
				<input type="checkbox"/> EACH OCCURRENCE	\$ 1,000,000
				<input type="checkbox"/> FIRE DAMAGE (Any one fire)	\$ 50,000
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	123456789	08/01/10	08/01/11	MED EXP (Any One Person)	\$ 5,000
				<input type="checkbox"/> COMBINED SINGLE LIMIT	\$ 1,000,000
				<input type="checkbox"/> BODILY INJURY (Per Person)	\$ 1,000,000
				<input type="checkbox"/> BODILY INJURY (Per Accident)	\$ 1,000,000
				<input type="checkbox"/> PROPERTY DAMAGE (Per Accident)	\$ 1,000,000
EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	456789123	08/01/10	08/01/11	AUTO ONLY -EA ACCIDENT	
				OTHER THAN AUTO ONLY	
				EACH ACCIDENT	
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/>	345678912	08/01/10	08/01/11	EACH OCCURRENCE	1,000,000
				EL DISEASE-POLICY LIMIT	\$ 1,000,000
				EL DISEASE-EA EMPLOYEE	\$ 1,000,000
EQUIPMENT FLOATER	49039021	08/01/10	08/01/11	LIMIT PER ITEM	DEDUCTIBLE
DESCRIPTION: RE: _____ Show equipment rented, or "All equipment rented from the Certificate holder". Certificate Holder is an Additional Insured for General Liability coverage and Loss Payee for Equipment coverage per endorsements attached.					
CERTIFICATE HOLDER Your Rental Co. 1111 Main Street Anywhere, USA		CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.			
ACORD 25-S (1/95)		AUTHORIZED REPRESENTATIVE ACORD CORPORATION 1998			

Name of Customer (it should match the name as written in the Rental Agreement)

Claims Made or Modified Occurrence form is not acceptable

This should name your company with full address

Signed by the Broker or Insurance Company only