

# SAMPLE INSURANCE CERTIFICATE



## CERTIFICATE OF LIABILITY INSURANCE (Sample) Date (MM/DD/YYYY)

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 does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Brown &amp; Brown</b> (585) 232-4424 <b>45 East Avenue</b> <b>Rochester, NY 14604</b>		CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: PRODUCER CUSTOMER ID# _____	
<b>*PLEASE FORWARD THIS DOCUMENT TO YOUR INS. AGENT*</b>		INSURER(S) AFFORDING COVERAGE _____ NAIC# _____	
INSURED <i>Subcontractor / Vendor's Name</i> <i>Address(Sample)</i> <i>Address</i>		INSURER A: ABC COMPANY INSURER B: A RELIABLE INSURANCE CO. INSURER C: A RELIABLE INSURANCE CO. INSURER D: A RELIABLE INSURANCE CO.	

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>	X	X	01234567-1	DATE	DATE	EACH OCCURRENCE <b>\$1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) <b>\$5,000</b>
							PERSONAL & ADV INJURY <b>\$1,000,000</b>
							GENERAL AGGREGATE <b>\$2,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER						PRODUCTS- COMP/OP AGG <b>\$2,000,000</b>
	<input type="checkbox"/> POLIC <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
A	<b>AUTOMOBILE LIABILITY</b>	X	X	01234567-1	DATE	DATE	COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b>
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR	X	X	01234567-1	DATE	DATE	EACH OCCURRENCE <b>\$5,000,000</b>
	<input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE <b>\$5,000,000</b>
	DEDUCTIBLE \$ _____						\$
	RETENTION \$ _____						
A	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>	N/A	X	01234567-1	DATE	DATE	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N _____						E.L. EACH ACCIDENT <b>\$1,000,000</b>
	OFFICER /MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/>						E.L. DISEASE - EA EMPLOYEE <b>\$1,000,000</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below _____						E.L. DISEASE - POLICY LIMIT <b>\$1,000,000</b>
B	<b>OTHER: POLLUTION LIABILITY</b> (REQUIRED for all Hazardous Material Contractors) Asbestos, Lead and Mold Work Site Hazardous Materials Work			7654321-0	DATE	DATE	\$5,000,000 (per occurrence/aggregate)
	<b>PROFESSIONAL LIABILITY</b> (REQUIRED for Design Work or Professional Services)						\$5,000,000 (per occurrence/aggregate)
							\$2,000,000 (per occurrence/aggregate)

PER PROJECT AGGREGATE APPLIES TO GENERAL LIABILITY POLICY. **List of Project Additional Insured**, THEIR AFFILIATES, AND ANY OTHER PARTY NOTED IN THE CONTRACT DOCUMENTS ARE NAMED ADDITIONAL INSURED ON ALL POLICIES INCLUDING ONGOING AND COMPLETED OPERATIONS ON A PRIMARY AND NON-CONTRIBUTING BASIS EXCEPT WORKERS COMPENSATION WITH RESPECT TO JOB/PROJECT **Job - JOB DESCRIPTION**. WORK PERFORMED. SUBCONTRACTOR WAIVES ALL RIGHTS AGAINST «HQOName» AND OWNER, AND THEIR OFFICERS, DIRECTORS AND EMPLOYEES, AGENTS, AFFILIATES, SUCCESSORS, AND ASSIGNS FOR RECOVERY OF LOSSES, EXPENSES OR DAMAGES TO THE EXTENT COVERED BY AVAILABLE INSURANCE. (PLEASE ATTACH COPY OF ADDITIONAL INSURED FORM. ACCEPTABLE FORM CG 20 10 11 85). (Sample - December 2014)

<b>CERTIFICATE HOLDER</b> LeChase Construction Services, LLC 205 Indigo Creek Drive Rochester, NY 14626		<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
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*SAMPLE INSURANCE CERTIFICATE*

**ENDORSEMENT #**

**This endorsement, effective 12:01am**

**Forms a part of policy #:**

**Issued to:**

**By: LEXINGTON INSURANCE COMPANY**

**THIS ENDORSEMENT CHANGES THE POLICY PLEASE READ IT CAREFULLY**

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS  
(FORM B)**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

**Name of Person or Organization:**

**SAMPLE**

**(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)**

**WHO IS AN INSURED** (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "Your Work" for that insured by or for you.

\_\_\_\_\_  
Authorized Representative

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