

# Reading a Certificate of Insurance

## Top Section or Who?

<b>ACORD™</b>		<b>CERTIFICATE OF LIABILITY INSURANCE</b>			Date: (MM/DD/YY) <b>Date created.</b>	
<b>PRODUCER</b> 855-445-9133  This is the insurance agency that placed the insurance for the insured.		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>  This is the company or person who is insured and from whom you seek evidence of insurance.  Attention:		INSURER A: <b>Name of Insurance Company that corresponds to the letter shown to the left of the type of insurance below.</b>				
		INSURER B:				
		INSURER C:				
		INSURER D:				
		INSURER E:				
<b>COVERAGES</b>						
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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY				EACH OCCURRENCE	
	COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	
	CLAIMS MADE				MED EXP (Any one person)	
	OCCURRENCE				PERSONAL & ADV INJURY	
	GENERAL AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	
	POLICY				PRODUCTS - COMP/OP AGG	
	PROJECT					
	LOC					

# Reading a Certificate of Insurance

## Is it really protection?

<u>ACORD</u> ™	CERTIFICATE OF LIABILITY INSURANCE		Date (MM/DD/YY)
PRODUCER	856-445-9133	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.	



**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.**

Only an Endorsement to an Actual Policy naming the District as an Additional Insured contractually extends an Insurance Policy.

# Reading a Certificate of Insurance Middle Section or What Coverages?

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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>GENERAL LIABILITY</b>
	COMMERCIAL GENERAL LIABILITY
	CLAIMS MADE
	OCCURRENCE
	GENERAL AGGREGATE LIMIT APPLIES PER:
	POLICY
	PROJECT
	LOC
	<b>AUTOMOBILE LIABILITY</b>
	ANY AUTO
	ALL OWNED AUTOS
	SCHEDULED AUTOS
	HIRED AUTOS
	NON-OWNED AUTOS
	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>
	<b>PROPERTY</b>
	<b>OTHER?</b>

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE
	COMMERCIAL GENERAL LIABILITY	<b>GENERAL LIABILITY</b>			FIRE DAMAGE (Any one fire)
	CLAIMS MADE				MED EXP (Any one person)
	OCCURRENCE				PERSONAL & ADV INJURY
	GENERAL AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE
	POLICY				PRODUCTS - COM/PROP AGG
	PROJECT				
	LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT
	ANY AUTO	<b>AUTOMOBILE LIABILITY</b>			(Each Accident)
	ALL OWNED AUTOS				BODILY INJURY
	SCHEDULED AUTOS				(Per Person)
	HIRED AUTOS				BODILY INJURY
	NON-OWNED AUTOS				(Per Accident)
		PROPERTY DAMAGE			
		(Per Accident)			
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				WC STAT. LIMITS _ OTHER _
					Statutory
					E.L. EACH ACCIDENT
					E.L. DISEASE - EACH EMPLOYEE
					E.L. DISEASE - POLICY LIMIT
	PROPERTY				
	OTHER				
DESCRIPTION OF OPERATION / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISION					
<b>Description of the service, activity, event or property being insured. This should accurately describe the relationship.</b>					

# Reading a Certificate of Insurance Bottom Section or All About Me

CERTIFICATE HOLDER	ADDITIONAL INSURED: _____ ; INSURED LETTER: _____	CANCELLATION
<p><b>This is where your District's name and address should appear and be 100% correct.</b></p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.</p>	
		<p>AUTHORIZED REPRESENTATIVE</p>
		<p><b>This is must be signed.</b></p>

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**If you have required that the District be named Additional Insured, the box on the left will be checked with an Insurer letter entered in the box to the right. You need to check that this is checked and the Insurer letter corresponds to the coverage you required you be named additional insured in.**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.