



Quick Tips Understanding the Acord Certificate of Insurance

ACORD - CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YYYY) 09/02/99

1. **PRODUCER**
Insurance Agent/Broker who issues certificate.

2. **NAME OF INSURED**
Must be the legal name of the contracting party.

3. **TYPES OF INSURANCE**
Must include the types of insurance required by contract.

4. **POLICY FORM**
"Claims made" or "occurrence" form; see Glossary for definitions.

5. **NAMED ADDITIONAL INSURED**
The City of Loveland must be named additional insured.

6. **CERTIFICATE HOLDER**
Must be The City of Loveland.

7. **POLICY EFFECTIVE DATE**
Must be prior to or coincidental with effective date of contract.

8. **POLICY EXPIRATION DATE**
If occurrence form, date must be on or after termination of contract.

9. **LIMITS OF INSURANCE**
Must be the same or greater than required by contract.

10. **DESCRIPTION OF OPERATIONS**
place & event sometimes described here.

11. **NOTICE OF CANCELLATION**
Must be modified as indicated; 30 days required.

12. **AUTHORIZED REPRESENTATIVE**

PRODUCER: Bill Jones Insurance Agency, License #0C32505, 40 E. Main St. Ste. 1100, Santa Clarita, CA 94405, Ph.#: 800/683-005

INSURED: XYZ, Inc., 1000 E. 4th St., Loveland, CO 80537

COMPANIES AFFORDING COVERAGE:

- COMPANY LETTER A TRAVELERS INDEMNITY OF WISCONSIN
- COMPANY LETTER B RELIANCE INSURANCE OF PENNSYLVANIA
- COMPANY LETTER C STATE INSURANCE COMPANY
- COMPANY LETTER D
- COMPANY LETTER E

COVERAGES:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME(S) 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 OTHER CLAIMS.

CO. LTR.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	ALL LIMITS (IN THOUSANDS)
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL-GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNERS & CONTRACTORS' PROT.	NGA0105086-09	10/1/99	10/1/00	GENERAL AGGREGATE \$ 3,000 PRODUCTS-COMPOPS AGGREGATE \$ 1,000 PERSONAL & ADVERTISING INJURY \$ 1,000 EACH OCCURRENCE \$ 1,000 FIRE DAMAGE (Any one fire) \$ 50 MEDICAL EXPENSE (Any one person) \$ Exclud.
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	0105081-RDE	4/7/99	4/7/00	COMBINED SINGLE LIMIT \$ 1,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
C	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	46699898	1/10/99	1/10/00	EACH OCCURRENCE \$ 1,000 AGGREGATE \$ 3,000
B	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY	JKA010-9087654	4/7/99	4/7/00	(STATUTORY LIMITS) \$ 1,000 (EACH ACCIDENT) \$ 1,000 (DISEASE-POLICE LIMIT) \$ 1,000 (DISEASE-EACH EMPLOYEE)
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

CERTIFICATE HOLDER: CITY OF LOVELAND, 500 E. 3rd Street, Loveland, CO 80537, ATTN: Jane Smith

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE: Bill Jones

ACORD 25-S (3/88) ACORD CORPORATION 1988

The ACORD Certificate of Insurance

1. **THE PRODUCER:** Produces or orders Certificate for insured; answers questions, revises certificate to meet contract requirements.
2. **NAME OF INSURED:** Must be legal name of contracting party.
3. **TYPES OF INSURANCE:** Must include types required by contract.
4. **POLICY FORM:** Will indicate claims-made or occurrence form; see "8. Policy Expiration Date" and Glossary for additional information.
5. **NAMED ADDITIONAL INSURED:** The Certificate must state, either under Description of Operations or by attached endorsement, that **The City of Loveland is additional insured.**
6. **CERTIFICATE HOLDER:** Must be The **City of Loveland.**
7. **POLICY EFFECTIVE DATE:** Must be prior to or coincidental with effective date of contract.

8. **POLICY EXPIRATION DATE:** For "occurrence" form coverage, date should be on or after the termination date of contract; if "claims-made coverage," coverage must survive for a period not less than three years following termination of contract and shall provide for a retroactive date of placement prior to or coinciding with the effective date of contract.
9. **LIMITS OF INSURANCE:** Must be same or greater than required by contract.
10. **DESCRIPTION OF OPERATIONS:** Review information in this section to determine it is consistent with contract.
11. **NOTICE OF CANCELLATION:** This language must be modified to read: "Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail 30 days notice to the certificate holder named to the left."
12. **AUTHORIZED REPRESENTATIVE:** Must be signed by an authorized representative of Producer.