

How to Read Your Certificate of Insurance

This guide will help you read and understand your certificate of insurance (COI). Your COI will be required by your vendors and anyone you have a work contract with. Make sure to always review your contract and the insurance requirements to verify that they match your COI.

ACORD Certificate Of Insurance
Issue Date

Producer

Code Sub Code

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.

Companies Affording Coverage

Insured

Company Letter **A**

Company Letter **B**

Company Letter **C**

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 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 all the terms. Exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

CO LTR	Type of Insurance	Policy Number	Policy EFF (MM/DD/YYYY)	Policy EXP (MM/DD/YYYY)	Limits												
A	General Liability				<table style="width: 100%; border-collapse: collapse;"> <tr><td>General Aggressive</td><td style="text-align: right;">\$</td></tr> <tr><td>Products - Comp/Op AGG</td><td style="text-align: right;">\$</td></tr> <tr><td>Personal & Advertising Injury</td><td style="text-align: right;">\$</td></tr> <tr><td>Each Occurrence</td><td style="text-align: right;">\$</td></tr> <tr><td>Fire Damage (Any one fire)</td><td style="text-align: right;">\$</td></tr> <tr><td>Medical Expense (Any one person)</td><td style="text-align: right;">\$</td></tr> </table>	General Aggressive	\$	Products - Comp/Op AGG	\$	Personal & Advertising Injury	\$	Each Occurrence	\$	Fire Damage (Any one fire)	\$	Medical Expense (Any one person)	\$
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<input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims-Made <input type="checkbox"/> Occur <input type="checkbox"/> Owners & Contractor PROT.																	
B	Automobile Liability				<table style="width: 100%; border-collapse: collapse;"> <tr><td>Combined Single Limit</td><td style="text-align: right;">\$</td></tr> <tr><td>Bodily Injury (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>Bodily Injury (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>Property Damage</td><td style="text-align: right;">\$</td></tr> </table>	Combined Single Limit	\$	Bodily Injury (Per person)	\$	Bodily Injury (Per accident)	\$	Property Damage	\$				
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<input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Non Owned Autos <input type="checkbox"/> Garage																	
C	Excess Liability				<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">Each Occurrence</td> <td style="text-align: right;">Aggregate</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> </table>		Each Occurrence	Aggregate		\$	\$						
		Each Occurrence	Aggregate														
	\$	\$															
<input type="checkbox"/> Umbrella Liability <input type="checkbox"/> Excess Liability																	
B	Worker's Compensation and Employer's Liability				<table style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="text-align: center;">Statutory Limit</td></tr> <tr><td style="text-align: right;">\$</td><td style="text-align: right;">(Each Accident)</td></tr> <tr><td style="text-align: right;">\$</td><td style="text-align: right;">(Disease - Police Limit)</td></tr> <tr><td style="text-align: right;">\$</td><td style="text-align: right;">(Disease - Each Employee)</td></tr> </table>	Statutory Limit		\$	(Each Accident)	\$	(Disease - Police Limit)	\$	(Disease - Each Employee)				
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<input type="checkbox"/> Other																	

Description of Operations & Locations/Vehicles/Restrictions/Special Items

Certificate Holder

Authorized Representatives

The Producer:

Your insurance provider is your producer. They create, order, and send certificates of insurance while making sure you meet your contract requirements.

Name of Insured:

You are the insured; the legal name of the business should be represented on the certificate.

Types of Insurance:

This column shows the type of policy you have along with policy forms. Make sure the types of insurance you have match the contact requirements.

Policy Form:

These boxes, when marked, indicate the coverage and policy form attached to the type of insurance. (For more explanation, contact the insurance producer).

Named Additional Insured:

Your contract insurance requirements will state who needs to be named as an additional insured on the certificate. This is the location for their name and any additional wording.

Certificate Holder:

The contract insurance requirements will state who needs to be the certificate holder. This is the section where the company name and address, along with any other contract information, will go.

Policy Effective Date:

This column on the certificate indicates the start date of a policy term. This date must be prior to or coincidental with the effective date of the contract.

Policy Expiration Date:

This column indicates the end of the policy term. Make sure that it is greater than any active contracts you may have.

Limits of Insurance:

This column represents the amount of coverage your policy has. Your contract insurance requirements will indicate the amount of coverage needed.

Description of Operations:

This is where the required contract wording will go. Review and make sure it reflects what the contract requires.

Authorized Representative:

The certificate of insurance must be signed by an authorized representative of the producer.