



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

This is the date the COI was prepared. It should be within four weeks of the date you requested it.

<b>PRODUCER</b>  This is the name of the insurance agent or broker who prepared the document.	<b>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>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  This is the name of the vendor or company you are using (e.g., a bus company or event venue). The name of the company here must match the other documentation you have provided.	INSURER A: This is where the name of the insurance company will be written.	
	INSURER B: There may be more than one insurance company that your vendor works with.	

## 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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	The policy number should be listed here, not "TBD."	The date of your event should fall between the dates of the policy.	If your event date is after the policy expiration date, you will need a new certificate.	'Limits' is where the amount of the insurance will appear. At a minimum, it should be \$1 million for each occurrence and \$1 million for general aggregate.	
						EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	
						MED EXP (Any one person)	
						PERSONAL & ADV INJURY	
		GENERAL AGGREGATE	\$1,000,000				
		Liquor liability may also appear here.					
A	<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	MJ recommends auto coverage when you're using a transportation company.			COMBINED SINGLE LIMIT (Each Occurrence)	
						\$1,000,000	
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
A	<input checked="" type="checkbox"/>	<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	
						AGGREGATE	
A	<input checked="" type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> MJ recommends some Workers Comp coverage for transportation companies.				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	
						E.L. DISEASE - EA EMPLOYEE	
						E.L. DISEASE - POLICY LIMIT	
	<input type="checkbox"/>	<b>OTHER</b> Liquor Liability may be stated separately here.	If so, the policy number should be listed here, not "TBD."			Liquor Liability may be stated separately here.	MJ recommends \$1,000,000 liquor liability coverage for the vendor that is providing alcohol.

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Notes may be added in this section. For instance, if the company is naming you as an Additional Insured, the notation that you are an Additional Insured will likely be put in this section.

Your chapter's name should appear here written as:  
Chapter Name  
Organization Name  
(chapter address should also be listed)

## LEGEND

Red Box - the area outlined above in red shows the vendor's proof of general liability insurance.  
Green Box- the area outlined above in green is the vendor's proof of auto liability coverage.  
Purple Box- the area outlined above in pink shows the vendor's proof of workers compensation coverage.

CERTIFICATE HOLDER

CANCELLATION