



Quick Tips

Understanding the Acord Certificate of Insurance

ACORD CERTIFICATE OF INSURANCE ISSUE DATE (MM/DD/YY)
xx/xx/xx

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.

**5. NAMED
ADDITIONAL
INSURED**
Larimer County must be
named additional
insured.

**6. CERTIFICATE
HOLDER**
Must be Larimer
County - Attn: Risk
Management

**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**
Additional insured
language
sometimes placed
here; coverage
sometimes
described here.

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

**12. AUTHORIZED
REPRESENTATIVE**
Must be signed

PRODUCER Bill Jones Insurance Agency (example) License #0C32505 40 E. Main St. Ste. 1100 Santa Clarita, CA 94405 Ph.#: 800-683-0000		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				
COMPANIES AFFORDING COVERAGE						
COMPANY LETTER A TRAVELERS INDEMNITY OF WISCONSIN (example)						
COMPANY LETTER B RELIANCE INSURANCE OF PENNSYLVANIA (example)						
COMPANY LETTER C						
COMPANY LETTER D						
COMPANY LETTER E						
INSURED <u>LEGAL NAME & ADDRESS OF VENDOR</u> 11111 ABC ST., SUITE 1 CITY, STATE ZIP CODE						
COVERAGES 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 ANY CLAIMS.						
CO. LTR.	TYPE OF INSURANCE	ADDITIONAL STATED COVERAGES	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS (IN THOUSANDS)
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT. <input type="checkbox"/> PROJECT	X	NGA0105086-09	xx/xx/xx	xx/xx/xx	GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMPIOPS AGGREGATE \$1,000,000 PERSONAL & ADVERTISING INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$2,000,000 MEDICAL EXPENSE (Any one person) \$2,000,000
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	xx/xx/xx	xx/xx/xx	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
C	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X	JKA010-9087654	xx/xx/xx	xx/xx/xx	<input checked="" type="checkbox"/> STATUTORY LIMITS \$ 500,000 (EACH ACCIDENT) \$ 500,000 (DISEASE-POLICE LIMIT) \$ 500,000 (DISEASE-EACH EMPLOYEE)
OTHER						
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS Larimer County and its elected and appointed officials and employees are added as additional insureds as their interests may appear						
CERTIFICATE HOLDER Larimer County Attn: Risk Management 200 West Oak St., Suite 4000 Fort Collins, CO 80522-1190			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			

Contact the Risk Management Department with questions (970) 498-5963 or Risk@larimer.org

- 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".
- 5. NAMED ADDITIONAL INSURED:** The Certificate must state, either under Description of Operations or by attached endorsement, that *Larimer County and its elected and appointed officials and employees are additional insured.*
- 6. CERTIFICATE HOLDER:** Must be *Larimer County 200 West Oak St., Suite 4000 Fort Collins, CO 80522 Attn: Risk Management*
- 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 one year 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 canceled 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.