



Quick Tips – Special Events

Understanding the Acord Certificate of Insurance

ACORD		CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YYYY) xx/xx/xxxx	
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.							
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER Bill Jones Insurance Agency (example) License #0C32505 40 E. Main St., Ste. 1100 Santa Clarita, CA 94405 Ph #: 800-683-0000			CONTACT NAME: PHONE (A/C, H/O, C/A): E-MAIL ADDRESS: PRODUCER CUSTOMER ID:		FAX (A/C NO):		
INSURED Legal Name & Address of Contracting Party 111111 ABC St., Suite 1 City, State Zip Code			INSURER(S) AFFORDING COVERAGE		NAIC #		
			INSURER A: Traveler's Indemnity of Wisconsin (example)				
			INSURER B: USLI (example)				
			INSURER C:				
			INSURER D:				
COVERAGES			CERTIFICATE NUMBER: X-XX-XX-XX-XX-XXXXXX XXXXXX		REVISION NUMBER:		
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 PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFFECT DATE (MM/DD/YYYY)	POLICY EXPIRES (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NGA0105086-09	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE \$1,000,000.00 FIRE DAMAGE TO PREMISES RENTED (Any one premises) MED EXP (any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$2,000,000.00 PRODUCTS - COM/POP AGG
	GENERAL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTO <input type="checkbox"/> SCHEDULED AUTOS						COMBINED SINGLE LIMIT (Ea. accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKER COMPENSATION AND EMPLOYERS LIABILITY ANY MULTIPLE COMPANY EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> If yes, describe under SPECIAL PROVISIONS below		N/A				WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	OTHER – Liquor Liability must be explicitly listed IF APPLICABLE						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							
Larimer County and its elected and appointed officials and employees are added as additional insureds as their interests may appear.							
("by Agreement" is acceptable, however, "by Contract" cannot be approved.)							
CERTIFICATE HOLDER Larimer County Attn: Risk Management 200 West Oak St., Suite 4000 Fort Collins, CO 80521				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Bill Jones			

NAMED ADDITIONAL INSURED* must include Larimer County

CERTIFICATE HOLDER must list Larimer County

***Named Additional Insured – The Certificate must state, either under the Description of Operations OR by attached endorsement that “Larimer County and its elected and appointed officials and employees are additional insured”.**

Please contact Risk Management with questions (970) 498-5963 or InsuranceCert@larimer.org

Modified with approval from originator:
Risk Management, UC Santa Barbara
http://www.riskmanagement.ucsb.edu