



Certificate of Liability Insurance (Standard Form)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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, CONTACT NAME, ADDRESS, INSURER(S) AFFORDING COVERAGE, MAILED A-F, MAILED H

COVERAGES CERTIFICATE NUMBER: 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.

Table with columns: TYPE OF INSURANCE, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes sections for Commercial General Liability, Automobile Liability, Umbrella/Excess, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks (Optional), may be attached if more space is required)

CERTIFICATE HOLDER, 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.

Certificate of Liability Insurance (Annotated Form)

2 This notice confirms the provisions of the California Insurance Code, §384. Other states have similar provisions. It states that the policy, not the certificate governs coverage.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS IS NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED AGENT OR PRODUCER, AND THE CERTIFICATE HOLDER.

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the insured in lieu of such endorsement(s).

<p>PRODUCER</p> <p>This block identifies the Agent or Broker. 1</p>	<p>CONTACT INFORMATION</p> <p>PHONE (A.C. No. Ext.): FAX (A.C. No.):</p> <p>E-MAIL ADDRESS:</p>
<p>INSURED</p> <p>The insured is your entity's contractor or lessee. 4</p>	<p>INSURER(S) AFFORDING COVERAGE</p> <p>INSURER A: 3</p> <p>INSURER B:</p> <p>INSURER C:</p> <p>INSURER D:</p> <p>INSURER E:</p> <p>INSURER F:</p> <p>The insurer will be identified here. The insurer letter appears again near the left margin at "3" to show which insurer provides which coverage.</p>

COVERAGES **CERTIFICATE 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 HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	AGENCY (INSURER)	INSURANCE PERIOD (MM/DD/YYYY)	PC	LIMITS
<p>COMMERCIAL GENERAL LIABILITY</p> <p>CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/></p> <p>GEN'L AGGREGATE LIMIT APPLIES PER. POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOG <input type="checkbox"/></p> <p>OTHER:</p>			5	<p>PERSONAL & ADV INJURY \$</p> <p>GENERAL AGGREGATE \$</p> <p>PRODUCTS - COMPROP AGG \$</p> <p>COMBINED SINGLE LIMIT (Per accident) \$</p> <p>LIABILITY (Per person) \$</p> <p>LIABILITY (Per accident) \$</p> <p>PROPERTY DAMAGE \$</p> <p>CURRENT \$</p> <p>DATE \$</p> <p>EXPIRES \$</p> <p>ACCIDENT \$</p> <p>PRE-EA EMPLOYEE \$</p> <p>EL. DISEASE - POLICY LIMIT \$</p>
<p>AUTOMOBILE LIABILITY</p> <p>ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIREN AUTOS</p> <p>UMBRELLA LIAB. EXCESS LIAB. OCCUR CLAIMS-MADE</p> <p>DED. RETENTION \$</p>				
<p>HYDROGEN COMPENSATION AND EMPLOYER LIABILITY</p> <p>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH)</p> <p>If yes, describe under DESCRIPTION OF OPERATIONS below</p> <p>Y/N N/A</p>				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached)

9 This section will usually be used to restrict coverage to a specific job or lease. Watch for restrictions that would omit the coverage required by your specifications.

<p>CERTIFICATE HOLDER</p> <p>Certificate holder is your entity. 10</p>	<p>CANCELLATION</p> <p>Should any of the above described policies be cancelled before the expiration date hereof, notice will be delivered in accordance with the policy provisions.</p> <p>AUTHORIZED REPRESENTATIVE 12</p>
--	--

11 Cancellation provisions

12 The authorized representative of the insurer should be an employee, unless the agent or broker is specifically authorized to sign on behalf of the company.

Reproduction of Insurance Services Office, Inc. Form

POLICY NUMBER:

**COMMERCIAL GENERAL LIABILITY
CG 20 10 04 13**
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

Reproduction of Insurance Services Office, Inc. Form

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

SAMPLE

Reproduction of Insurance Services Office, Inc. Form

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 12 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II – Who Is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:
 - 1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.
However:
 - a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
 - b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
 - 2. This insurance does not apply to:
 - a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
 - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

 - 1. Required by the contract or agreement; or
 - 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Reproduction of Insurance Services Office, Inc. Form

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 13 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – STATE
OR GOVERNMENTAL AGENCY OR SUBDIVISION
OR POLITICAL SUBDIVISION – PERMITS
OR AUTHORIZATIONS RELATING TO PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following additional provision:

This insurance applies only with respect to the following hazards for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization in connection with premises you own, rent or control and to which this insurance applies:

1. The existence, maintenance, repair, construction, erection or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures; or
2. The construction, erection or removal of elevators; or
3. The ownership, maintenance or use of any elevators covered by this insurance.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

ENDORSEMENT

ENDT. NO.	
-----------	--

G0161
(ed 09/24/09)

PRIMARY ADDITIONAL INSURED STATE OR POLITICAL SUBDIVISION – PERMITS

SCHEDULE:

[NAME OF STATE OR POLITICAL SUBDIVISION]

IT IS AGREED THAT COVERAGE IS PROVIDED TO **ADDITIONAL INSURED(S)** AS FOLLOWS.

1. SECTION II OF THE POLICY (WHO IS AN INSURED) IS AMENDED TO INCLUDE THE STATE OR POLITICAL SUBDIVISION NAMED IN THE ABOVE SCHEDULE.

2. WITH RESPECT TO SUCH STATE OR POLITICAL SUBDIVISION, PARAGRAPH 6.D IS HEREBY ADDED TO SECTION IV, COMMERCIAL GENERAL LIABILITY CONDITIONS, OF THE POLICY, AS FOLLOWS:

D. NOTWITHSTANDING ANYTHING TO THE CONTRARY IN PARAGRAPHS 6.A., 6.B., OR 6.C. HEREOF, THE INDEMNITY PROVIDED BY THIS INSURANCE IS PRIMARY AND NON-CONTRIBUTORY FOR ANY STATE OR POLITICAL SUBDIVISION THAT IS SPECIFICALLY NAMED AS AN **ADDITIONAL INSURED** UNDER THIS POLICY.

3. COVERAGE IS PROVIDED TO THE STATE OR POLITICAL SUBDIVISION ONLY WITH RESPECT TO **BODILY INJURY OR PROPERTY DAMAGE** ARISING FROM **YOUR WORK** FOR WHICH THE STATE OR POLITICAL SUBDIVISION HAS ISSUED A PERMIT TO **YOU** AND WHICH IS PERFORMED AFTER THE ISSUANCE OF THE PERMIT.

4. COVERAGE IS NOT PROVIDED TO THE STATE OR POLITICAL SUBDIVISION FOR (i) **BODILY INJURY OR PROPERTY DAMAGE** ARISING OUT OF OPERATIONS PERFORMED FOR THE STATE OR POLITICAL SUBDIVISION, OR (ii) **BODILY INJURY OR PROPERTY DAMAGE** INCLUDED IN THE **PRODUCTS-COMPLETED OPERATIONS HAZARD**.

5. THE APPLICABLE LIMIT OF THE COMPANY'S LIABILITY SHALL NOT BE INCREASED BY THE INCLUSION OF ANY NUMBER OF **ADDITIONAL INSUREDS**.

6. OTHER THAN AS EXPRESSLY MODIFIED HEREIN, COVERAGE FOR THE **ADDITIONAL INSURED** IS GOVERNED BY THE TERMS AND CONDITIONS OF THE POLICY, INCLUDING THE INSURING AGREEMENTS.

7. THE COVERAGE PROVIDED FOR THE **ADDITIONAL INSURED** IS ONLY TO THE EXTENT THE **ADDITIONAL INSURED** IS HELD LIABLE FOR THE NEGLIGENCE OR STRICT LIABILITY OF THE **NAMED INSURED**. NO COVERAGE IS PROVIDED FOR LIABILITY BASED UPON THE ACTS, ERRORS OR OMISSIONS OF THE **ADDITIONAL INSURED**.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

Policy Number	Insured	Effective
BENCHMARK INSURANCE COMPANY	Countersignature of Authorized Representative	