



# SAMPLE

## 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<br><b>Agent's Name</b><br><b>Agent's Address</b>  | CONTACT NAME: <b>Agent's Information</b><br>PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____<br>E-MAIL ADDRESS: _____<br><table style="width: 100%;"> <tr> <td style="width: 80%;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INSURER A: <b>Company A (AM Best Rated A/VI or Better)</b></td> <td><b>Admitted</b></td> </tr> <tr> <td>INSURER B: _____</td> <td><b>Carriers</b></td> </tr> <tr> <td>INSURER C: _____</td> <td></td> </tr> <tr> <td>INSURER D: _____</td> <td></td> </tr> <tr> <td>INSURER E: _____</td> <td></td> </tr> <tr> <td>INSURER F: _____</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: <b>Company A (AM Best Rated A/VI or Better)</b> | <b>Admitted</b> | INSURER B: _____ | <b>Carriers</b> | INSURER C: _____ |  | INSURER D: _____ |  | INSURER E: _____ |  | INSURER F: _____ |  |
| INSURER(S) AFFORDING COVERAGE                              | NAIC #   |                               |        |  |                 |                  |                 |                  |  |                  |  |                  |  |                  |  |
| INSURER A: <b>Company A (AM Best Rated A/VI or Better)</b> | <b>Admitted</b>  |                               |        |  |                 |                  |                 |                  |  |                  |  |                  |  |                  |  |
| INSURER B: _____   | <b>Carriers</b>  |                               |        |  |                 |                  |                 |                  |  |                  |  |                  |  |                  |  |
| INSURER C: _____   |  |                               |        |  |                 |                  |                 |                  |  |                  |  |                  |  |                  |  |
| INSURER D: _____   |  |                               |        |  |                 |                  |                 |                  |  |                  |  |                  |  |                  |  |
| INSURER E: _____   |  |                               |        |  |                 |                  |                 |                  |  |                  |  |                  |  |                  |  |
| INSURER F: _____   |  |                               |        |  |                 |                  |                 |                  |  |                  |  |                  |  |                  |  |
| INSURED<br><b>Firm's Name</b><br><b>Firm's Address</b>     |  |                               |        |  |                 |                  |                 |                  |  |                  |  |                  |  |                  |  |

## 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.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD  | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS <b>Minimum</b>   |
|----------|---|--|----------|---------------|-------------------------|-------------------------|---|
| <b>A</b> | COMMERCIAL GENERAL LIABILITY  |  |          | #TBD- CGL     | 3/1/17                  | 3/1/18                  | EACH OCCURRENCE \$ <b>1,000,000</b>   |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |  |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$                                    |
|          |   |  |          |               |                         |                         | MED EXP (Any one person) \$   |
|          |   |  |          |               |                         |                         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                                       |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:  |  |          |               |                         |                         | GENERAL AGGREGATE \$ <b>2,000,000</b>   |
|          | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |  |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>                                      |
|          | OTHER:  |  |          |               |                         |                         | \$  |
|          |   |  |          |               |                         |                         |   |
| <b>B</b> | AUTOMOBILE LIABILITY  |  |          | #TBD-AL       | 3/1/17                  | 3/1/18                  | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>                         |
|          | <input checked="" type="checkbox"/> ANY AUTO  |  |          |               |                         |                         | BODILY INJURY (Per person) \$   |
|          | <input type="checkbox"/> ALL OWNED AUTOS  | <input type="checkbox"/> SCHEDULED AUTOS                         |          |               |                         |                         | BODILY INJURY (Per accident) \$   |
|          | <input type="checkbox"/> HIRED AUTOS  | <input type="checkbox"/> NON-OWNED AUTOS                         |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$   |
|          |   |  |          |               |                         |                         | \$  |
|          |   |  |          |               |                         |                         | \$  |
| <b>C</b> | <input checked="" type="checkbox"/> UMBRELLA LIAB   |  |          |               |                         |                         | EACH OCCURRENCE \$ <b>2,000,000</b>   |
|          | <input type="checkbox"/> EXCESS LIAB  | <input type="checkbox"/> CLAIMS-MADE                             |          |               |                         |                         | AGGREGATE \$  |
|          | DED   | RETENTION \$   |          |               |                         |                         | \$  |
|          |   |  |          |               |                         |                         |   |
| <b>D</b> | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |  |          | #TBD-WC       | 3/1/17                  | 3/1/18                  | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | N/A      |               |                         |                         | E.L. EACH ACCIDENT \$ <b>500,000</b>  |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below  |  |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b>                                    |
|          |   |  |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>                                   |

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

Project XXXX.XX (Number varies by project)

## CERTIFICATE HOLDER

## CANCELLATION

 Iowa Department of Administrative Services (DAS)  
 109 SE 13th Street  
 Des Moines, IA 50319

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

Signature