

SAMPLE CERTIFICATE OF INSURANCE

THE PROCEDURES OUTLINED BELOW MUST BE FOLLOWED IN ISSUING THE REQUIRED CERTIFICATE OF INSURANCE:

- 1) THE ACORD CERTIFICATE OF INSURANCE FOR IS THE ONLY FORM WHICH WILL BE ACCEPTED.
- 2) THE DESCRIPTION OF OPERATIONS SHALL INDICATE THE PROJECT NAME AS INDICATED ON THE ENCLOSED SAMPLE, SPECIFICALLY.
- 3) THE ATTACHED SAMPLE ACORD CERTIFICATE OF INSURANCE FORM SHOWS MINIMUM COVERAGE AND LIMITS TO BE CERTIFIED AS REQUIRED BY YOUR SUBCONTRACT AGREEMENT OR THE PROJECT SPECIFICATIONS AND AS INDICATED BELOW.

ACORD™ CERTIFICATE OF INSURANCE		ISSUE DATE (MM/DD/YY)																			
PRODUCER INSURED PHONE NO. A/C	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																					
INSURER A																					
INSURER B																					
INSURER C																					
INSURER D																					
INSURER E																					
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.																					
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																
A	GENERAL LIABILITY				<table border="1" style="width: 100%; font-size: x-small;"> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS-COMP/OPS AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PERSONAL & ADVERTISING INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>FIRE DAMAGE (ANY ONE FIRE)</td><td style="text-align: right;">\$ 300,000</td></tr> <tr><td>MEDICAL EXPENSE (ANY ONE PERSON)</td><td style="text-align: right;">\$ 10,000</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS-COMP/OPS AGGREGATE	\$ 2,000,000	PERSONAL & ADVERTISING INJURY	\$ 1,000,000	EACH OCCURRENCE	\$ 1,000,000	FIRE DAMAGE (ANY ONE FIRE)	\$ 300,000	MEDICAL EXPENSE (ANY ONE PERSON)	\$ 10,000				
	GENERAL AGGREGATE	\$ 2,000,000																			
	PRODUCTS-COMP/OPS AGGREGATE	\$ 2,000,000																			
	PERSONAL & ADVERTISING INJURY	\$ 1,000,000																			
	EACH OCCURRENCE	\$ 1,000,000																			
	FIRE DAMAGE (ANY ONE FIRE)	\$ 300,000																			
MEDICAL EXPENSE (ANY ONE PERSON)	\$ 10,000																				
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY																				
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE																				
<input checked="" type="checkbox"/>	PER PROJECT AGGREGATE																				
	GENERAL AGGREGATE LIMIT APPLIES PER:																				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOCATION																				
	AUTOMOBILE LIABILITY				<table border="1" style="width: 100%; font-size: x-small;"> <tr><td>CSL (EACH ACCIDENT)</td><td> </td><td> </td></tr> <tr><td>BODILY INJURY (PER PERSON)</td><td>\$</td><td> </td></tr> <tr><td>BODILY INJURY (PER ACCIDENT)</td><td>\$</td><td> </td></tr> <tr><td>PROPERTY DAMAGE (PER ACCIDENT)</td><td>\$</td><td> </td></tr> </table>	CSL (EACH ACCIDENT)			BODILY INJURY (PER PERSON)	\$		BODILY INJURY (PER ACCIDENT)	\$		PROPERTY DAMAGE (PER ACCIDENT)	\$					
CSL (EACH ACCIDENT)																					
BODILY INJURY (PER PERSON)	\$																				
BODILY INJURY (PER ACCIDENT)	\$																				
PROPERTY DAMAGE (PER ACCIDENT)	\$																				
	<input 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 <input type="checkbox"/> GARAGE LIABILITY THE CERTIFICATE HOLDER HAS BEEN ADDED AS AN ADDITIONAL INSURED ON THIS COVERAGE	POLICY NUMBER																			
	EXCESS LIABILITY				<table border="1" style="width: 100%; font-size: x-small;"> <tr><td>OCCURRENCE</td><td> </td><td> </td></tr> <tr><td>OTHER THAN UMBRELLA FORM</td><td> </td><td> </td></tr> <tr><td>RETENTION</td><td>\$</td><td> </td></tr> </table>	OCCURRENCE			OTHER THAN UMBRELLA FORM			RETENTION	\$								
OCCURRENCE																					
OTHER THAN UMBRELLA FORM																					
RETENTION	\$																				
	<input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OTHER THAN UMBRELLA FORM <input type="checkbox"/> RETENTION \$	POLICY NUMBER																			
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				<table border="1" style="width: 100%; font-size: x-small;"> <tr><td><input checked="" type="checkbox"/> STATUTORY LIMITS</td><td> </td></tr> <tr><td>EACH ACCIDENT</td><td> </td></tr> <tr><td>DISEASE - POLICY LIMIT</td><td> </td></tr> <tr><td>DISEASE - EACH EMPLOYEE</td><td> </td></tr> </table>	<input checked="" type="checkbox"/> STATUTORY LIMITS		EACH ACCIDENT		DISEASE - POLICY LIMIT		DISEASE - EACH EMPLOYEE									
	<input checked="" type="checkbox"/> STATUTORY LIMITS																				
	EACH ACCIDENT																				
	DISEASE - POLICY LIMIT																				
DISEASE - EACH EMPLOYEE																					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	POLICY NUMBER																			
	If yes, describe under SPECIAL PROVISIONS below.																				
	OTHER																				
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Certificate Holder is an additional insured, as their interest may appear. Location _____ Activities _____. Should any of the above policies be cancelled before expiration, 30 days written notice will be provided to the Certificate Holder.																					
CERTIFICATE HOLDER			CANCELLATION																		
Liberty Public School District #53 8 Victory Lane Liberty, MO 64068			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OF REPRESENTATIVES.																		
			AUTHORIZED REPRESENTATIVE																		