



Quick Tips - Special Events

Understanding the Acord Certificate of Insurance

ACORD CERTIFICATE OF INSURANCE						ISSUE DATE (MM/DD/YY) xx/xx/xx	
PRODUCER Bill Jones Insurance Agency (example) License #0C32505 40 E. Main St. Ste. 1100 Santa Clarita, CA 94405 Ph.#: 800-683-0000 SUB-CODE				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.			
INSURED <u>LEGAL NAME & ADDRESS OF CONTRACTING PARTY</u> 111111 ABC ST. SUITE 1 CITY, STATE ZIP CODE				COMPANIES AFFORDING COVERAGE			
				COMPANY LETTER A TRAVELERS INDEMNITY OF WISCONSIN (example)			
				COMPANY LETTER B			
				COMPANY LETTER C			
				COMPANY LETTER D			
COMPANY LETTER E							
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 PAID CLAIMS.							
CO LTR	TYPE OF INSURANCE	ADDITIONAL SUBS. UNDER POL.	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS (IN THOUSANDS)	
A	GENERAL LIABILITY	X	NGA0105086-09	xx/xx/xx	xx/xx/xx	GENERAL AGGREGATE \$2,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT OTHER:					PRODUCTS-COMP/OPS AGGREGATE \$ PERSONAL & ADVERTISING INJURY \$ EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$ MEDICAL EXPENSE (Any one person) \$	
B	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$	
	<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						
	EXCESS LIABILITY					UMBRELLA FORM \$ OTHER THAN UMBRELLA FORM \$	
	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY					<input checked="" type="checkbox"/> STATUTORY LIMITS \$ (EACH ACCIDENT) \$ (DISEASE-POLICE LIMIT) \$ (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. ("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 80522-1190				CANCELLATION Should any of the above described policies be canceled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.			
AUTHORIZED REPRESENTATIVE Bill Jones							
ACORD 25-S (3/88)						©ACORD CORPORATION 1988	

NAMED ADDITIONAL INSURED must include Larimer County

CERTIFICATE HOLDER must list Larimer County

- 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".
 - * The addition of "by Agreement" is acceptable, however, "by Contract" cannot be approved.
- CERTIFICATE HOLDER:** Must be **Larimer County** 200 West Oak St., Suite 4000 Fort Collins, CO 80522 Attn: Risk Management. Do NOT include the department name as part of Larimer County ex: Larimer County Natural Resources.

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>