

# Example Certificate of Liability Insurance (COI)

DATE (MM/DD/YYYY) 1

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).

<p>PRODUCER</p> <p style="text-align: center; font-size: 1.2em;">Insurance agent/broker issuing certificate(s)</p>	<p>CONTACT NAME:</p> <p>PHONE (A/C, No. Ext): <span style="float: right;">FAX (A/C, No):</span></p> <p>E-MAIL ADDRESS:</p> <p style="text-align: center; color: cyan;">INSURER(S) AFFORDING COVERAGE</p> <p>INSURER A : <span style="float: right;">NAIC #</span></p> <p>INSURER B :</p> <p>INSURER C :</p> <p>INSURER D :</p> <p>INSURER E :</p> <p>INSURER F :</p>
<p>INSURED</p> <p style="text-align: center;">XYZ Builders 12345 NW Forrest Blvd Portland OR 97219</p>	

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<p><b>GENERAL LIABILITY</b></p> <p><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR</p> <p><input type="checkbox"/> Broad Form Property Damage</p> <p><input type="checkbox"/> Blanket Contractual</p> <p>GEN'L AGGREGATE LIMIT APPLIES PER:</p> <p><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC</p>						<p>EACH OCCURRENCE \$ 1,000,000</p> <p>DAMAGE TO RENTED PREMISES (Ea occurrence) \$</p> <p>MED EXP (Any one person) \$</p> <p>PERSONAL &amp; ADV INJURY \$ 1,000,000</p> <p>GENERAL AGGREGATE \$ 2,000,000</p> <p>PRODUCTS - COMP/OP AGG \$ 2,000,000</p> <p>\$</p>
	<p><b>AUTOMOBILE LIABILITY</b></p> <p><input checked="" type="checkbox"/> ANY AUTO</p> <p><input checked="" type="checkbox"/> ALL OWNED AUTOS</p> <p><input checked="" type="checkbox"/> HIRED AUTOS</p> <p><input type="checkbox"/> SCHEDULED AUTOS</p> <p><input checked="" type="checkbox"/> NON-OWNED AUTOS</p>						<p>COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000</p> <p>BODILY INJURY (Per person) \$</p> <p>BODILY INJURY (Per accident) \$</p> <p>PROPERTY DAMAGE (Per accident) \$</p> <p>\$</p>
	<p><b>UMBRELLA LIAB</b></p> <p><input type="checkbox"/> EXCESS LIAB</p> <p>DED: <input type="checkbox"/> RETENTION \$: <input type="checkbox"/></p> <p style="text-align: right;">OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/></p>						<p>EACH OCCURRENCE \$</p> <p>AGGREGATE \$</p> <p>\$</p>
	<p><b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b></p> <p>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N</p> <p>If yes, describe under DESCRIPTION OF OPERATIONS below</p>						<p>WC STATUTORY LIMITS: <input type="checkbox"/> OTH-ER: <input type="checkbox"/></p> <p>E.L. EACH ACCIDENT \$ 500,000</p> <p>E.L. DISEASE - EA EMPLOYEE \$</p> <p>E.L. DISEASE - POLICY LIMIT \$</p>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

- JHC Commercial LLC is Additional Insured with respect to the General Liability & Automobile Liability **per forms attached.**(CG2010 & CG2037 or equivalent)
- General Liability & Automobile Liability is Primary and Non-Contributory **per forms attached.**
- Waiver of Subrogation applies to the General Liability, Automobile Liability, & Workers Comp **per forms attached.**
- 30 day notice of cancellation applies

**CERTIFICATE HOLDER** **CANCELLATION**

<p>JHC Commercial LLC 11125 SW Barbur Blvd Portland, OR 97219</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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