

# INSURANCE CERTIFICATE

PISGS requires a company to submit an insurance acord before it can obtain or renew a license.

- The acord demonstrates that the company is maintaining adequate insurance at all times – not less than \$100,000 each occurrence and \$300,000 general aggregate.
- The acord must list the certificate holder as:
  - DPS - PISGS Unit
  - PO Box 182001
  - Columbus, OH 43218.

## Sample Acord

<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) REQUIRED																																																																																
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.																																																																																		
<b>IMPORTANT:</b> 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).																																																																																		
<b>PRODUCER</b> <b>REQUIRED</b>  <div style="color: red; font-weight: bold; font-size: 1.2em;">Insurance Company Name</div>	CONTACT NAME: _____ PHONE (A/C, No. Ext): _____ FAX (A/C, No.): _____ E-MAIL: _____ ADDRESS: _____ PRODUCER CUSTOMER ID #: _____	INSURER(S) AFFORDING COVERAGE: _____ NAIC #: _____ INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____																																																																																
<b>INSURED</b> <b>REQUIRED</b> <b>1</b> NAME MUST MATCH LICENSED NAME OR TRADE NAME ADDRESS MUST BE PHYSICAL OR MAILING ADDRESS																																																																																		
<b>COVERAGES</b> <b>CERTIFICATE NUMBER:</b> _____ <b>REVISION NUMBER:</b> _____																																																																																		
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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">WEB SITE</th> <th style="width: 20%;">TYPE OF INSURANCE</th> <th style="width: 5%;">POLICY NUMBER</th> <th style="width: 5%;">POLICY EFF. DATE</th> <th style="width: 5%;">POLICY EXP. DATE</th> <th style="width: 10%;">LIMITS</th> </tr> </thead> <tbody> <tr> <td rowspan="10" style="vertical-align: top; font-weight: bold;">A</td> <td>GENERAL LIABILITY</td> <td rowspan="10" style="text-align: center; vertical-align: middle;">REQUIRED - NOT TBD</td> <td rowspan="10" style="text-align: center; vertical-align: middle;">REQUIRED</td> <td rowspan="10" style="text-align: center; vertical-align: middle;">REQUIRED</td> <td>EACH OCCURRENCE DAMAGE TO RENTED PREMISES (See column 6)</td> </tr> <tr> <td><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</td> <td>MSD EXP. (Any one person)</td> </tr> <tr> <td><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR</td> <td>PERSONAL &amp; ADV INJURY</td> </tr> <tr> <td>GEN'L AGGREGATE LIMIT APPLIES PER:</td> <td>GENERAL AGGREGATE</td> </tr> <tr> <td><input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC.</td> <td>PRODUCTS - COMMERCIAL</td> </tr> <tr> <td>AUTOMOBILE LIABILITY</td> <td>COMBINED SINGLE LIMIT (See column 6)</td> </tr> <tr> <td><input type="checkbox"/> ANY AUTO</td> <td>BODILY INJURY (Per person)</td> </tr> <tr> <td><input type="checkbox"/> ALL OWNED AUTOS</td> <td>BODILY INJURY (Per accident)</td> </tr> <tr> <td><input type="checkbox"/> SCHEDULED AUTOS</td> <td>PROPERTY DAMAGE (Per accident)</td> </tr> <tr> <td><input type="checkbox"/> HERED AUTOS</td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-OWNED AUTOS</td> <td></td> </tr> <tr> <td>UMBRELLA LIAB</td> <td><input type="checkbox"/> OCCUR</td> <td></td> <td></td> <td></td> <td>EACH OCCURRENCE</td> </tr> <tr> <td>EXCESS LIAB</td> <td><input type="checkbox"/> CLAIMS-MADE</td> <td></td> <td></td> <td></td> <td>AGGREGATE</td> </tr> <tr> <td>DEDUCTIBLE</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>RETENTION</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</td> <td></td> <td></td> <td></td> <td></td> <td>WC STAT. (Per State)</td> </tr> <tr> <td>ANY PROPRIETARY/EXECUTIVE OFFICERS/BOARDERS EXCLUDED (Mandatory in ME)</td> <td><input type="checkbox"/> Y/N</td> <td></td> <td></td> <td></td> <td>EL EACH ACCIDENT</td> </tr> <tr> <td>If yes, describe under DESCRIPTION OF OPERATIONS below</td> <td></td> <td></td> <td></td> <td></td> <td>EL DISEASE - EA EMPLOYEE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>EL DISEASE - POLICY LIMIT</td> </tr> </tbody> </table>	WEB SITE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS	A	GENERAL LIABILITY	REQUIRED - NOT TBD	REQUIRED	REQUIRED	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (See column 6)	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	MSD EXP. (Any one person)	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	PERSONAL & ADV INJURY	GEN'L AGGREGATE LIMIT APPLIES PER:	GENERAL AGGREGATE	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC.	PRODUCTS - COMMERCIAL	AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT (See column 6)	<input type="checkbox"/> ANY AUTO	BODILY INJURY (Per person)	<input type="checkbox"/> ALL OWNED AUTOS	BODILY INJURY (Per accident)	<input type="checkbox"/> SCHEDULED AUTOS	PROPERTY DAMAGE (Per accident)	<input type="checkbox"/> HERED AUTOS		<input type="checkbox"/> NON-OWNED AUTOS		UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	DEDUCTIBLE						RETENTION						WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STAT. (Per State)	ANY PROPRIETARY/EXECUTIVE OFFICERS/BOARDERS EXCLUDED (Mandatory in ME)	<input type="checkbox"/> Y/N				EL EACH ACCIDENT	If yes, describe under DESCRIPTION OF OPERATIONS below					EL DISEASE - EA EMPLOYEE						EL DISEASE - POLICY LIMIT		
WEB SITE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS																																																																													
A	GENERAL LIABILITY	REQUIRED - NOT TBD	REQUIRED	REQUIRED	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (See column 6)																																																																													
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				MSD EXP. (Any one person)																																																																													
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY																																																																													
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE																																																																													
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC.				PRODUCTS - COMMERCIAL																																																																													
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (See column 6)																																																																													
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)																																																																													
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)																																																																													
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)																																																																													
	<input type="checkbox"/> HERED AUTOS																																																																																	
<input type="checkbox"/> NON-OWNED AUTOS																																																																																		
UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE																																																																													
EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE																																																																													
DEDUCTIBLE																																																																																		
RETENTION																																																																																		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STAT. (Per State)																																																																													
ANY PROPRIETARY/EXECUTIVE OFFICERS/BOARDERS EXCLUDED (Mandatory in ME)	<input type="checkbox"/> Y/N				EL EACH ACCIDENT																																																																													
If yes, describe under DESCRIPTION OF OPERATIONS below					EL DISEASE - EA EMPLOYEE																																																																													
					EL DISEASE - POLICY LIMIT																																																																													
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 191, Additional Remarks Schedule, if more space is required)																																																																																		
BRANCH OFFICES LISTED HERE IF APPLICABLE. MUST HAVE COMPLETE ADDRESSES LISTED OR AN ATTACHED LIST OF ADDITIONAL INSURED																																																																																		
<b>CERTIFICATE HOLDER</b>  <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>9</b> PISGS                      PO BOX 182001                      COLUMBUS OH 43218-2001                 </div>	<b>CANCELLATION</b>  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: <i>Kevin Massey</i>																																																																																	

1. Licensed company name or trade name with physical address (no P.O. boxes)
2. Insurance agent contact information. A phone number is required.
3. Type of Insurance: Must be general liability with an "X" by Commercial General Liability (professional insurance is not acceptable).
4. Policy Number – required (cannot be "TBD")
5. Effective date
6. Expiration date
7. All Branches must be listed on the acord, or submit separate acords for each branch
8. Minimum Requirement of Limits
  - \$100,000 Each occurrence, minimum amount
  - \$300,000 Aggregate, minimum amount
9. Certificate Holder should be: Ohio Department of Public Safety, PISGS, PO Box 182001, Columbus, OH 43218.