

INSURANCE CERTIFICATE SAMPLE

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

- The Acord certificate 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 certificate must list the certificate holder as:

PISGS

PO BOX 182001

Columbus OH 43218-2001

Sample Acord

ACORD CERTIFICATE OF LIABILITY INSURANCE (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.

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 REQUIRED
Insurance Company Name

INSURED REQUIRED
NAME MUST MATCH LICENSED NAME OR TRADE NAME
ADDRESS MUST BE THE COMPANY LOCATION – NO P.O. BOX

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 PENDING CLAIMS.

TYPE OF INSURANCE	CLASS CODE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAMS-MADE <input checked="" type="checkbox"/> OCCUR SEV'L AGGREGATE LIMIT APPLIES PER POLICY: <input type="checkbox"/> PRO. <input type="checkbox"/> ACT. <input type="checkbox"/> LOC. AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA/EXCESS LIABILITY <input type="checkbox"/> EXCESS LIMIT <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> SEVERALTY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N <input type="checkbox"/> R/A AND PROPRIETORS PARTNERS/RESIDENTIAL HOMEOWNERS LIABILITY (Mandatory in MI) (Type, Single or Multiple) DEPENDENT OF OPERATIONS: <input type="checkbox"/>	N	REQUIRED - NOT TRD			EACH OCCURRENCE DOLLARS TO OWNERS/OPERATORS FOR BUSINESS MED EXP (Any Occurrence) PERSONAL & ADJUTANT GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Fire Damage COMBINED SINGLE LIMIT (Per accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE E.L. EACH ACCIDENT E.L. DISEASE - NONEMPLOYEE E.L. DISEASE - POLICY LIMIT

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

BRANCH OFFICES LISTED HERE IF APPLICABLE, MUST HAVE COMPLETE ADDRESSES LISTED OR AN ATTACHED LIST OF ADDITIONAL INSURED

CERTIFICATE HOLDER
 PISGS
 PO BOX 182001
 COLUMBUS OH 43218-2001

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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1. Licensed company name or trade name with business address (no P.O. boxes). If Acord has a parent company address listed, then location of Ohio office address must be listed in section 7.
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 "to be determined")
5. Effective date
6. Expiration date
7. All branches must be listed on the Acord, or submit separate Acord for each branch
8. Minimum requirement of Limits:
 - \$100,000 each occurrence, minimum amount.
 - \$300,000 Aggregate, minimum amount
9. Certificate Holder should be:

PISGS
 PO Box 182001
 Columbus OH 43218-2001