


Sample of an Acceptable Certificate of Liability Insurance.

		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 02-01-2016			
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 SUGROGATION 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: ABC Insurance Company 12345 Street City, State 79901			CONTACT NAME: Agency Contact PHONE (A/C. No. Ext) 915-555-5555 FAX (A/C. Ext) 915-555-5555 EMAIL ADDRESS:				
INSURED: Insured Name Address City, State 79901			INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: HIJK Insurance Company INSURER B: 1234 Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:				
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 COVERAGE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	123456789	02-01-2016	02-01-2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS- COMP/OP AGG \$1,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	123456789	02-01-2016	02-01-2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (per person) BODILY INJURY (per accident) PROPERTY DAMAGE (per accident) EACH OCCURRENCE AGGREGATE
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS BELOW	N/A	<input checked="" type="checkbox"/>	WC987456321	02-01-2016	02-01-2016	<input checked="" type="checkbox"/> WC STATUS LIMIT <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required) Certificate Holder is listed as an Additional Insured on the General Liability with respects to liability arising out of your ongoing operations for that insured per the attached endorsement form CG2010 (or equivalent). Certificate Holder is listed as an Additional Insured on the Auto Policy with respects to their legal liability per the attached endorsement form CG0403 (or equivalent). The General Liability, Auto Liability and Workers Compensation include a Waiver of Subrogation in favor of the Certificate Holder per the following endorsement form CG2404, CA2089, and WC4203 (or equivalent). (If policies need to be endorsed to have any of these endorsements added to the policies please include documentation that a request has been made to the insurance company or a copy of the endorsement needs to be included.) Job Name or Project Number:							
CERTIFICATE HOLDER Clint ISD 14521 Horizon Blvd. El Paso, Texas 79928			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. AUTHORIZED REPRESENTATIVE				

Name of Insurance Agency

Name of Organization submitting the application.

Required amount of \$1,000,000. (Minimum)

Policy date within the time range of the requested lease date.

Policy number, at all times.

Clint ISD or Clint Independent School District, is the only name listed here.