

# SAMPLE INSURANCE CERTIFICATE

CERTIFICATE OF INSURANCE			DATE: XX/YY/2020														
<b>PRODUCER</b> ABC Insurance Agency 123 Main Street Anywhere, USA 00000 (610) 123-4567		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 COVERAGES AFFORDED BY THE POLICIES BELOW.															
<b>INSURED</b>  [NAME OF VENDOR/CONTRACTOR]		<b>COMPANIES AFFORDING COVERAGE</b>															
		COMPANY A	XYZ Insurance Company														
		COMPANY B	YZX Insurance Company														
		COMPANY C	ZXY Insurance Company														
<b>COVERAGES</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 CERT																	
CO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS												
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONT PROT	123456	X/Y/2020	X/Y/2020	<table border="1" style="width: 100%; font-size: x-small;"> <tr><td>General Aggregate</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>Products-Comp/Ops Aggregate</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>Personal &amp; Advertising Injury</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>Each Occurrence</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>Fire Damage (Any one fire)</td><td style="text-align: right;">\$50,000</td></tr> <tr><td>Medical Expense (Any one person)</td><td style="text-align: right;">\$5,000</td></tr> </table>	General Aggregate	\$2,000,000	Products-Comp/Ops Aggregate	\$1,000,000	Personal & Advertising Injury	\$2,000,000	Each Occurrence	\$2,000,000	Fire Damage (Any one fire)	\$50,000	Medical Expense (Any one person)	\$5,000
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B	AUTOMOBILE <input checked="" 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"/> OWNED COMM'L AUTOS <input type="checkbox"/> AUTO PHYSICAL DAMAGE	778899	X/Y/2020	X/Y/2020	<table border="1" style="width: 100%; font-size: x-small;"> <tr><td></td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		\$2,000,000										
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A	Excess Liability <input checked="" type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form	11122233	X/Y/2020	X/Y/2020	<table border="1" style="width: 100%; font-size: x-small;"> <tr><td>Each Occurrence</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>Aggregate</td><td style="text-align: right;">\$ 2,000,000</td></tr> </table>	Each Occurrence	\$ 2,000,000	Aggregate	\$ 2,000,000								
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C	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY  THE PROPRIETOR/ PARTNERS/EXECUTIVE <input type="checkbox"/> INCL OFFICERS ARE: <input type="checkbox"/> EXCL	444555666	X/Y/2020	X/Y/2020	<table border="1" style="width: 100%; font-size: x-small;"> <tr><td colspan="2" style="text-align: center;">STATUTORY LIMITS</td></tr> <tr><td>EACH ACCIDENT</td><td style="text-align: right;">\$100,000</td></tr> <tr><td>DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$500,000</td></tr> <tr><td>DISEASE - EACH EMPLOYEE</td><td style="text-align: right;">\$100,000</td></tr> </table>	STATUTORY LIMITS		EACH ACCIDENT	\$100,000	DISEASE - POLICY LIMIT	\$500,000	DISEASE - EACH EMPLOYEE	\$100,000				
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DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS  <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <span style="color: red; font-size: 2em;">→</span> Certificate holder is added as an Additional Insured as respects works and operations performed for them by the Named Insured.                     </div>																	
<b>CERTIFICATE HOLDER</b>			<b>CANCELLATION</b>														
<div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <span style="color: red; font-size: 2em;">→</span> County of Chester Department of MH/IDD                          601 Westtown Road, Suite 340                          PO Box 2747                          West Chester, PA 19380-0990                     </div>			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														