

# SAMPLE INSURANCE CERTIFICATE

CERTIFICATE OF INSURANCE				DATE: XX/YY/2021		
<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	123456	X/Y/2021	X/Y/2021	General Aggregate	\$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				Products-Comp/Ops Aggregate	\$1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				Personal & Advertising Injury	\$2,000,000
	<input type="checkbox"/> OWNERS & CONT PROT				Each Occurrence	\$2,000,000
					Fire Damage (Any one fire)	\$50,000
		Medical Expense (Any one person)	\$5,000			
B	AUTOMOBILE	778899	X/Y/2021	X/Y/2021		\$2,000,000
	<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						
A	Excess Liability	11122233	X/Y/2021	X/Y/2021		
	<input checked="" type="checkbox"/> Umbrella Form				Each Occurrence	\$ 2,000,000
	<input type="checkbox"/> Other Than Umbrella Form				Aggregate	\$ 2,000,000
C	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	444555666	X/Y/2021	X/Y/2021	STATUTORY LIMITS	
					EACH ACCIDENT	\$100,000
					DISEASE - POLICY LIMIT	\$500,000
					DISEASE - EACH EMPLOYEE	\$100,000
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL					
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS</b>  Certificate holder is added as an Additional Insured as respects works and operations performed for them by the Named Insured.						
CERTIFICATE HOLDER			CANCELLATION			
Chester County Department of MH/IDD 601 Westtown Road, Suite 340 West Chester, PA 19380			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			