



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
99/99/9999

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 have ADDITIONAL INSURED provisions or 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> John Doe Insurance Broker PH 123-444-5566 PO BOX 1234 City, ST 99999		<b>CONTACT NAME:</b> Name of the Agent	
		<b>PHONE (AKA TEL. EXT.):</b> 123-444-5566	<b>FAX (AKA FAX):</b> 123-444-5567
		<b>E-MAIL ADDRESS:</b> Email@.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Insurance Company	<b>NAIC #:</b> 123456
		<b>INSURER B:</b> Insurance Company	<b>NAIC #:</b> 999877
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**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 INSURANCE	AGGREGATE LIMIT	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPIR. DATE (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	12345	07/01/2021	07/01/2022	EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (Per occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COM/CP AGG \$ XXXXXXXX
	<input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Per accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> RETENTION \$			07/01/2021	07/01/2022	EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If Yes, Section under DESCRIPTION OF OPERATIONS below	Y/N N/A		07/01/2021	07/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX
	Professional Liability			07/01/2021	07/01/2022	SIR \$XXXXXXXX      XXXXXXXX

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The City of Kansas City and its agencies, officials, officers and while acting within the scope of their authority will be named as additional insureds for the services performed under this Contract/ Agreement.

**CERTIFICATE HOLDER**  
The City of Kansas City, MO  
Address

**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

1. PRODUCER  
Insurance Agent/Broker who issues certificate

2. NAME OF INSURED  
Must be the legal name of the contracting party

3. TYPES OF INSURANCE  
Must include the types of insurance required by the contract

4. POLICY FORM  
"Claims Made" or "Occurrence Form"

5. NAMED ADDITIONAL INSURED  
The City of KCMO must be named additional insured

6. CERTIFICATE HOLDER  
Must be the City of KCMO

7. DATE CERTIFICATE ISSUED  
Must be current

8. POLICY EFFECTIVE DATE  
Must be prior or coincidental with effective date of the contract or event

9. POLICY EXPIRATION DATE  
If an event must be on or after the date of the event

10. LIMITS OF INSURANCE  
Must be the same or greater than required by the contract

11. DESCRIPTION OF OPERATIONS  
Additional Insured language is here; place, event or agreement # may be here

12. NOTICE OF CANCELLATION

13. AUTHORIZED REPRESENTATIVE  
Must be signed

1. THE PRODUCER: Produces or orders Certificate for insured; answers questions, revises certificate to meet contract requirements.
2. NAME OF INSURED: Must be the legal name of contracting party.
3. TYPES OF INSURANCE: Must include types required by contract.
4. POLICY FORM: Will indicate claims-made or occurrence form.
5. NAMED ADDITIONAL INSURED: The Certificate must state, either under Description of Operations, check box in the appropriate column, or by attached endorsement, that the City of Kansas City, MO is additional insured.
6. CERTIFICATE HOLDER: Must be the City of Kansas City, Missouri
7. DATE CERTIFICATE ISSUED: Must be current.
8. POLICY EFFECTIVE DATE: Must be prior to or coincidental with effective date of contract or event.
9. POLICY EXPIRATION DATE: For "occurrence" form coverage, date should be on or after the termination date of contract or event; if "claims-made coverage", coverage must survive for a period not less than three years following termination of contract or event and shall provide for a retroactive date of placement prior to or coinciding with the effective date of contract or event.
10. LIMITS OF INSURANCE Must be the same or greater than required by the contract.
11. DESCRIPTION OF OPERATIONS Review information in this section to determine it is consistent with contract or event.
12. NOTICE OF CANCELLATION: In the event the insurance minimums are changed, Contractor shall immediately submit proof of compliance with the changed limits.
13. AUTHORIZED REPRESENTATIVE: Must be signed by an authorized representative of Producer.