

Tier I Contractors Sample Certificate of Insurance

CERTIFICATE OF INSURANCE				ISSUE DATE (MM/DD/YY) 3/15/2015						
PRODUCER XYZ Insurance Brokerage 1150 Bridge Street Berns, PA 19002		Insurance broker's name		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 COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.						
INSURED Any Vendor 1313 Mockingbird Lane Mockingbird Heights, CA 90200		Insured/vendor's name appears here		COMPANIES AFFORDING COVERAGE						
				COMPANY LETTER	A	ABC INSURANCE COMPANY				
				COMPANY LETTER	B					
				COMPANY LETTER	C					
				COMPANY LETTER	D					
COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED.		OPERATIONS THIS CERTIFICATE OF INSURANCE COVERS ALL OPERATIONS OF THE INSURED NAMED ABOVE FOR THE CERTIFICATE HOLDER FOR THE FOLLOWING PROJECT: → PROJECT # & NAME: _____		Policies must be renewed by this date						
				LIMITS						
				GENERAL LIABILITY	<input type="checkbox"/> COMM. GENERAL LIABILITY	GL123456789	12/17/2009	12/17/2010	GENERAL AGGREGATE	\$1,000,000
				<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> OCCUR.	Tier I contractor general liability minimum		PERSONAL & ADV. INJURY	\$XXXXXXXX	
				<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	<input type="checkbox"/> _____			FIRE DAMAGE (Any one fire)	\$XXXXXXXX	
<input type="checkbox"/> _____	Tier I contractor auto liability		CAT123456789	12/17/2010	12/17/2010	MED. EXPENSE (Any one person)	\$XXXXXXXX			
AUTOMOBILE LIABILITY			<input type="checkbox"/> ANY AUTO	Above Tier I contractor minimums may be satisfied with excess liability policy with a minimum limit of \$1M		BODILY INJURY (Per Person)	\$XXXXXXXX			
<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	FIRE DAMAGE (Any one fire)	\$XXXXXXXX							
<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS	Statutory Limits box for workers' compensation must be checked		BODILY INJURY (Per Accident)	\$XXXXXXXX					
<input type="checkbox"/> GARAGE LIABILITY	EXCESS LIABILITY			NOT APPLICABLE	12/17/2010	PROPERTY DAMAGE	\$XXXXXXXX			
<input type="checkbox"/> UMBRELLA FORM	<input type="checkbox"/> OTHER THAN UMBRELLA FORM	Tier I contractor employee liability		FIRE DAMAGE (Any one fire)	\$1,000,000					
<input type="checkbox"/> _____	WORKERS COMPENSATION AND EMPLOYERS LIABILITY			WC123456789	12/17/2009	12/17/2010	AGGREGATE	\$XXXXXXXX		
<input type="checkbox"/> _____	OTHER	Tier I contractor employee liability		X <input checked="" type="checkbox"/> STATUTORY LIMITS	\$500,000					
<input type="checkbox"/> _____	OTHER			FIRE DAMAGE (Any one fire)	\$500,000					
OTHER PROVISIONS Airgas, Inc. and its respective employees, subsidiaries, affiliates, divisions, officers, directors, agents, and all of our subcontractors and their employees are included as additional insureds under all such insurance, except Workers' Compensation.		Statement must appear as written on certificate		LIMITS						
				FIRE DAMAGE (Any one fire)	\$500,000					
CERTIFICATE HOLDER Airgas Inc. on behalf of its affiliates and subsidiaries 2240 South 5370 West West Valley City, UT 84120		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED OR MATERIALLY CHANGED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL PROVIDE THIRTY (30) DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.		AUTHORIZED REPRESENTATIVE:						
Airgas company name here with address		AUTHORIZED REPRESENTATIVE:		AUTHORIZED REPRESENTATIVE:						