





# Parts of a *Liability* insurance certificate

## Additional Insured Endorsement

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



# Parts of a Property insurance certificate

Will contain the name of the company you requested the cert from.

**EVIDENCE OF COMMERCIAL PROPERTY INSURANCE** DATE (MM/DD/YYYY) \_\_\_\_\_

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME CONTACT PERSON AND ADDRESS		COMPANY NAME AND ADDRESS	
<div style="border: 1px solid black; padding: 2px;">Will contain the name of the insured's broker</div>		<div style="border: 1px solid black; padding: 2px;">Name of the insurance company, if there are several may be found on separate page</div>	
ALL LINE NO. _____ ADDRESS _____ CODE: _____ CITY CODE: _____		POLICY NUMBER _____ EFFECTIVE DATE _____ EXPIRATION DATE _____	
NAMED INSURED AND ADDRESS _____ ADDITIONAL NAMED INSURED(S) _____		CONTINUED UNTIL _____ TERMINATED IF CHECKED _____	
PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) <input type="checkbox"/> BUILDING <input type="checkbox"/> ORI <input type="checkbox"/> BUSINESS <input type="checkbox"/> PERSONAL PROPERTY			
LOCATION/DESCRIPTION _____ 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 EVIDENCE OF PROPERTY INSURANCE 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.			
COVERAGE INFORMATION <input checked="" type="checkbox"/> PERILS INSURED <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPECIAL			
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ _____ DED: _____			
<input checked="" type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	YES NO	ACTUAL LOSS SUSTAINED, \$ if more than:
BLANKET COVERAGE			IF YES, LIMIT: _____
TERRORISM COVERAGE			IF YES, indicate value(s) reported on property identified above: \$ _____
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			IF YES, describe: _____
IS DOMESTIC TERRORISM EXCLUDED?			
LIMITED FUNGUS COVERAGE			IF YES, LIMIT: _____ DED: _____
FUNGUS EXCLUSION (IF "YES", specify organization(s) form limit)			
REPLACEMENT COST		<input checked="" type="checkbox"/>	
AGREED VALUE			
CONSURANCE			IF YES, % _____
EQUIPMENT BREAKDOWN (if Applicable) _____			IF YES, LIMIT: _____ DED: _____
ORDNANCE OR LAW - Coverage for loss to undamaged portion of bldg			
- Demolition Costs			IF YES, LIMIT: _____ DED: _____
- Incr. Cost of Construction			IF YES, LIMIT: _____ DED: _____
EARTH MOVEMENT (if Applicable)			IF YES, LIMIT: _____ DED: _____
FLOOD (if Applicable)			IF YES, LIMIT: _____ DED: _____
WIND / HAIL (if Subject to Different Provisions)			IF YES, LIMIT: _____ DED: _____
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOGS			
<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
<b>ADDITIONAL INTEREST</b>			
<input type="checkbox"/> MORTGAGE <input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> LENDER'S LOSS PAYABLE NAME AND ADDRESS _____		LENDER SERVICING AGENT NAME AND ADDRESS _____ AUTHORIZED REPRESENTATIVE _____	
<div style="border: 1px solid black; padding: 2px;">Should contain our name and address</div>		<div style="border: 1px solid black; padding: 2px;">Needs to be signed</div>	

Ensure that the certificate is dated

Needs to be filled in

Dates that are still current

Should be filled out according to signed lease or contract, some of these limits will be not applicable