

Tier II 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						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input type="checkbox"/> COMM. GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input type="checkbox"/> _____	GL123456789	12/17/2009	12/17/2010	GENERAL AGGREGATE	\$1,000,000
					PRODUCTS-COP/CP AGG.	\$XXXXXXXX
					PERSONAL & ADV. INJURY	\$XXXXXXXX
					EACH OCCURRENCE	\$1,000,000
A	AUTOMOBILE LIABILITY <input 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"/> GARAGE LIABILITY	CA123456789	12/17/2010	12/17/2010	FIRE DAMAGE (Any one fire)	\$XXXXXXXX
					MED. EXPENSE (Any one person)	\$XXXXXXXX
					COMBINED SINGLE LIMIT	\$1,000,000
					BODILY INJURY (Per Person)	\$XXXXXXXX
A	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	NOT APPLICABLE			BODILY INJURY (Per Accident)	\$XXXXXXXX
					PROPERTY DAMAGE	\$XXXXXXXX
					EACH OCCURRENCE	\$4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	WC123456789	12/17/2009	12/17/2010	AGGREGATE	\$XXXXXXXX
					<input checked="" type="checkbox"/> STATUTORY LIMITS	
					EACH ACCIDENT	\$1,000,000
					DISEASE - POLICY LIMIT	\$XXXXXXXX
A	OTHER				DISEASE -EACH EMPLOYEE	\$XXXXXXXX
OTHER PROVISIONS Airgas, Inc. and its respective employees, subsidiaries, affiliates, divisions, officers, directors, and agents and Contractor's subcontractors and employees, are included as additional insured's under all such insurance, except Workers' Compensation. Contractor further agrees to have its insurer waive its rights of subrogation against Airgas, Inc. and its respective employees, subsidiaries, affiliates, divisions, officers, directors, agents and insurers.						
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 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						