**EXAMPLE - CERTIFICATE OF INSURANCE**

**PRODUCER**

**NAME AND ADDRESS OF INSURANCE AGENCY**

**INSURED**

**NAME AND ADDRESS OF INSURED**

**INSURED AFFORDING COVERAGE**

**INSURED NAME OF INSURANCE CARRIER WITH**

**INSURED A "BEST RATING" OF A-VII OR BETTER**

**INSURED**

**INSURED D:**

**INSURED E:**

**COVERAGES**

**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 CONTRACTOR 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.**

**C. Type of Insurance**

<table>
<thead>
<tr>
<th>General Liability</th>
<th>Policy Number</th>
<th>Policy Effective Date(mm/dd/yy)</th>
<th>Policy Expiration Date(mm/dd/yy)</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLAIMS MADE OCCUR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OWNER’S &amp; CONTRACTOR’S PROT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONTRACTUAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XXXXXXXXX</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ANY AUTO SHOULD BE COVERED**

**AUTOMOBILE LIABILITY**

| ANY AUTO |
| ALL OWNED AUTOS |
| SCHEDULED AUTOS |
| HIRED AUTOS |
| NON-OWNED AUTOS |
| XXXXXXXX |

**GARAGE LIABILITY**

| ANY AUTO |

**EXCESS LIABILITY**

| UMBRELLA FORM |
| OTHER THAN UMBRELLA FORM |

**WORKERS COMPENSATION AND EMPLOYERS’ LIABILITY**

| THE PROPRIETOR/ OFFICERS ARE: |

**THIS STATEMENT SHOULD DESCRIBE CONTRACT AND INCLUDE ADTL INSURED**

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

**CONTRACT NUMBER XXXX BETWEEN (CONTRACTOR) AND (AGENCY NAME), EFFECTIVE DATES. THE FOLLOWING ARE ADDITIONAL INSURED - THE STATE OF NEVADA, ITS OFFICERS, EMPLOYEES AND IMMUNE CONTRACTORS.**

**CERTIFICATE HOLDER:**

State of Nevada, Dept of Administration  
Division of Public Works  
Attn: Leasing Services  
515 E Masser Street  
Carson City, NV 89701

**CANCELLATION**

**AUTHORIZED REPRESENTATIVE**

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IMPORTANT

if the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing Insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.
# ACORD 25-8 (1987)

## Certificate of Liability Insurance

### Coverages

<table>
<thead>
<tr>
<th>General Liability</th>
<th>Policy Number</th>
<th>Policy Effective Date (MM/DD/YYYY)</th>
<th>Policy Expiration Date (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims Made</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Aggregate Limit Applies Per Occurrence</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Description of Operations/Location/Vehicles/Exclusions Added by Endorsement/Special Provisions

### Insurers Affording Coverage

- Insurer A: [Details]
- Insurer B: [Details]
- Insurer C: [Details]
- Insurer D: [Details]
- Insurer E: [Details]

### Insured

The insured is your entity's contractor or lessee.

### Cancellation

Cancellation provisions as written guarantee nothing. Some brokers will cross out the words "endeavor to" but he still does not amend the policy.

### Certificate Holder

Certificate holder is your entity.

The authorized representative of the insurer should be an employee, unless the agent or broker is specifically authorized to sign on behalf of the company.

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### Additional Insured Matrix — General Liability

The table listed below compares the various construction and service related additional insured endorsements. If you have any questions regarding these endorsements, please contact Risk Management. In addition to the endorsements listed in the table, samples endorsements are provided within the insurance manual, "Insurance and Indemnification Requirements for Contracts".

<table>
<thead>
<tr>
<th>Form# (last 4 digits month and year form issued)</th>
<th>Form Name</th>
<th>Includes Completed Operations</th>
<th>Includes Sole Negligence Coverage</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>CG 20 10 11 85</td>
<td>Owners, Lessees, or Contractors (Form B)</td>
<td>Yes</td>
<td>Yes</td>
<td>The best, harder endorsement to get</td>
</tr>
<tr>
<td>CG 20 10 10 01</td>
<td>Owners, Lessees, or Contractors Scheduled</td>
<td>No</td>
<td>Yes</td>
<td>Recommended in lieu of CG 20 10 11 85, Use With CG 20 37 10 01</td>
</tr>
<tr>
<td>CG 20 37 10 01</td>
<td>Owners, Lessees, or Contractors Scheduled</td>
<td>Yes</td>
<td>Yes</td>
<td>Recommended in lieu of CG 20 10 11 85, Use With CG 20 10 10 01</td>
</tr>
<tr>
<td>CG 20 10 10 93</td>
<td>Owners, Lessees, or Contractors (Form B)</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>CG 20 10 03 97</td>
<td>Owners, Lessees, or Contractors Scheduled</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>CG 20 10 07 04</td>
<td>Owners, Lessees, or Contractors - Scheduled Person or Organization</td>
<td>No</td>
<td>No</td>
<td>Designated Additional Insured and scheduled covered operations</td>
</tr>
<tr>
<td>CG 20 26 07 04</td>
<td>Additional Insured - Designated Person or Organization</td>
<td>No</td>
<td>No</td>
<td>Designated Additional Insured</td>
</tr>
<tr>
<td>CG 20 37 07 04</td>
<td>Owners, Lessees, or Contractors - Completed Operations</td>
<td>Yes</td>
<td>No</td>
<td>Use CG 20 10 (1993 or later) - Limited to scheduled completed operation</td>
</tr>
<tr>
<td>CG 20 33 07 04</td>
<td>Owners, Lessees, or Contractors - Automatic Status in Construction Agreement</td>
<td>No</td>
<td>No</td>
<td>Blanke endorsement - Only provides an additional insured with coverage during the project</td>
</tr>
<tr>
<td>CG 25 03 11 85</td>
<td>Aggregate Limits of Insurance (Per project)</td>
<td>N/A</td>
<td>N/A</td>
<td>Recommended</td>
</tr>
</tbody>
</table>

1. Completed Operations recommend for all construction contracts.
2. Sole Negligence for the party provided indemnification and the additional insured status.
POLICY NUMBER: COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED—OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:
State of Nevada, ___(Agency Name)______, its officers, employees and immune contractors as defined in NRS 41.0307.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

CG 20 10 11 85 Copyright, Insurance Services Office, Inc., 1982
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

State of Nevada, ___(Agency Name)________, its officers, employees and
immune contractors as defined in NRS 41.0307.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations
as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the
Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or
rented to you.