

Use this sample form when:

The certificate is for a **VENDOR** or **SERVICE PROVIDER**, the contract is for less than \$5,000 AND the service does not involve roofing, electrical work, or gas plumbing. Vendors and Service Providers typically perform maintenance functions related to building upkeep. In the event that the work to be performed is an emergency, you should inquire about the company's General Liability insurance and follow up later to receive the certificate.

NOTES: \$250,000 general aggregate; Worker's Compensation requires statutory limits; no excess policy required; no builder's risk required; additional insured clause not required.

Sample Certificate of Insurance for VENDORS and SERVICE PROVIDERS (contract amount < \$5,000 and no roofing, electrical or gas plumbing)													
CERTIFICATE OF LIABILITY INSURANCE					DATE								
(Your Producer Name) (Your Producer Address) (Your Producer Phone Number)		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 BELOW.											
(Your Company Name) (Your Company Address) (Your Company Phone Number)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">COMPANY A</td> <td>(Your Insurance Co. Name)</td> </tr> <tr> <td>COMPANY B</td> <td>(Your Insurance Co. Name)</td> </tr> <tr> <td>COMPANY C</td> <td></td> </tr> <tr> <td>COMPANY D</td> <td></td> </tr> </table>				COMPANY A	(Your Insurance Co. Name)	COMPANY B	(Your Insurance Co. Name)	COMPANY C		COMPANY D	
COMPANY A	(Your Insurance Co. Name)												
COMPANY B	(Your Insurance Co. Name)												
COMPANY C													
COMPANY D													
COVERAGES													
THIS IS TO CERTIFY THAT THE POLICIES 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.													
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTORS PROT	XXXXXX	XXXX	XXXX	GENERAL AGGREGATE 250,000								
					PRODUCTS - COMP/OP AGG 250,000								
					PERSONAL & ADV INJURY 250,000								
					EACH OCCURRENCE 250,000								
					FIRE DAMAGE (ANY ONE FIRE) 10,000								
					MED EXP (ANY ONE PERSON) 5,000								
					COMBINED SINGLE LIMIT 250,000								
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	XXXXXX	XXXX	XXXX	BODILY INJURY (PER ACCIDENT)								
					BODILY INJURY (PER ACCIDENT)								
					PROPERTY DAMAGE								
					AUTO ONLY - EA ACCIDENT								
					OTHER THAN AUTO ONLY:								
					EACH ACCIDENT								
					AGGREGATE								
A	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE								
					AGGREGATE								
B	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRE	XXXXXX	XXXX	XXXX	EACH OCCURRENCE								
					AGGREGATE								
B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	XXXXXX	XXXX	XXXX	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">X</td> <td style="width: 70%;">WC STATUTORY LIMITS</td> <td style="width: 5%;"></td> <td style="width: 10%;">OTHER</td> <td style="width: 15%;"></td> </tr> </table>	X	WC STATUTORY LIMITS		OTHER				
	X				WC STATUTORY LIMITS		OTHER						
					EL EACH ACCIDENT 500,000								
					EL DISEASE - POLICY LIMIT 500,000								
	EL DISEASE - EA EMPLOYEE 500,000												
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS													
Name & address of location _____					SAMPLE ONLY								
CERTIFICATE HOLDER			CANCELLATION										
Community of Christ 1001 W. Walnut Independence, MO 64050 OR LOCAL CONGREGATION ADDRESS (CITY STATE ZIP)			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.										
			AUTHORIZED REPRESENTATIVE										