

SAMPLE CERTIFICATE OF INSURANCE FOR PROFESSIONAL COMPANIES

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)			COMPANIES AFFORDING COVERAGE COMPANY A (Your Insurance Co. Name) COMPANY B 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	<input checked="" type="checkbox"/> GENERAL LIABILITY <input 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	2,000,000
	<input type="checkbox"/>				PRODUCTS - COMP/OP AGG	1,000,000
	<input type="checkbox"/>				PERSONAL & ADV INJURY	1,000,000
	<input type="checkbox"/>				EACH OCCURRENCE	1,000,000
	<input type="checkbox"/>				FIRE DAMAGE (ANY ONE FIRE)	10,000
	<input type="checkbox"/>				MED EXP (ANY ONE PERSON)	5,000
	<input type="checkbox"/>				COMBINED SINGLE LIMIT	1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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	XXXXX	XXXX	XXXX	BODILY INJURY (PER ACCIDENT)	
	<input type="checkbox"/>				BODILY INJURY (PER ACCIDENT)	
	<input type="checkbox"/>				PROPERTY DAMAGE	
	<input type="checkbox"/>				AUTO ONLY - EA ACCIDENT	
	<input type="checkbox"/>				OTHER THAN AUTO ONLY:	
	<input type="checkbox"/>				EACH ACCIDENT	
A	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AGGREGATE	
	<input type="checkbox"/>				EACH OCCURRENCE	
	<input type="checkbox"/>				AGGREGATE	
B	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBREI	XXXXXX	XXXX	XXXX	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER
	<input type="checkbox"/>				EL EACH ACCIDENT	500,000
	<input type="checkbox"/>				EL DISEASE - POLICY LIMIT	500,000
	<input type="checkbox"/>				EL DISEASE - EA EMPLOYEE	500,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS Community of Christ (local & World Church) is named as additional insured. Name & address of location being used. _____						
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		

SAMPLE ONLY