

Use this sample form when:

The certificate is for a CONTRACTOR and the contract is for more than \$50,000 OR the project involves roofing, electrical work, or gas plumbing. Contractors perform work related to the construction or remodel of a building.

NOTE: Performance and Payment bonds required if project value exceeds \$100,000.

An OWNER'S REPRESENTATIVE must be identified by the mission center to accept work and track payments and lien waivers.

Sample Certificate of Insurance for CONTRACTORS
 (project cost > \$50,000 OR project involves 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.
	COMPANIES AFFORDING COVERAGE
(Your Company Name) (Your Company Address) (Your Company Phone Number)	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 2,000,000 PRODUCTS - COMP/OP AGG 1,000,000 PERSONAL & ADV INJURY 1,000,000 EACH OCCURRENCE 1,000,000 FIRE DAMAGE (ANY ONE FIRE) 10,000 MED EXP (ANY ONE PERSON) 5,000
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	XXXXX	XXXX	XXXX	COMBINED SINGLE LIMIT 1,000,000 BODILY INJURY (PER ACCIDENT) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE
A	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE
	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBREL				EACH OCCURRENCE AGGREGATE 5,000,000
B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	XXXXX	XXXX	XXXX	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT 500,000 EL DISEASE - POLICY LIMIT 500,000 EL DISEASE - EA EMPLOYEE 500,000
A	OTHER <input checked="" type="checkbox"/> BUILDER'S RISK <input type="checkbox"/> INSTALLATION FLOATER	XXXXX	XXXX	XXXX	CONTRACT AMOUNT

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Community of Christ (local & World Church) is named as additional insured.
 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