

Use this sample form when:

The certificate is for a **VENDOR** or **SERVICE PROVIDER**, the contract is for more than \$5,000 OR the service involves 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: \$1 million general aggregate; Worker's Compensation requires statutory limits; no excess policy required; no builder's risk required.

Sample Certificate of Insurance for VENDORS and SERVICE PROVIDERS (contract amount > \$5,000 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.																												
(Your Company Name) (Your Company Address) (Your Company Phone Number)		COMPANIES AFFORDING COVERAGE																												
		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 OWNER'S & CONTRACTORS PROT	XXXXXX	XXXX	XXXX	GENERAL AGGREGATE 1,000,000 PRODUCTS - COMPI/OP AGG 1,000,000 PERSONAL & ADV INJURY 500,000 EACH OCCURRENCE 500,000 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 type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBREL				EACH OCCURRENCE AGGREGATE																									
B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	XXXXX	XXXX	XXXX	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">WC STATUTORY LIMITS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">OTHER</td> <td></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">500,000</td> </tr> <tr> <td colspan="4">EL EACH ACCIDENT</td> <td style="text-align: right;">500,000</td> </tr> <tr> <td colspan="4">EL DISEASE - POLICY LIMIT</td> <td style="text-align: right;">500,000</td> </tr> <tr> <td colspan="4">EL DISEASE - EA EMPLOYEE</td> <td style="text-align: right;">500,000</td> </tr> </table>	<input checked="" type="checkbox"/>	WC STATUTORY LIMITS	<input type="checkbox"/>	OTHER						500,000	EL EACH ACCIDENT				500,000	EL DISEASE - POLICY LIMIT				500,000	EL DISEASE - EA EMPLOYEE				500,000
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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS Community of Christ (local & World Church) is named as additional insured. Name & address of location _____																														
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