

**Use this sample form when:**

The certificate is for a TENANT or ONE-TIME USE of our facilities.

NOTES: Sexual Abuse/Molestation coverage is not required if children will not be present or if the tenant is the SOLE USER of the facility. Certain states where coverage is especially hard to find may qualify for lower limits (CA: \$250,000; FL :500,000)

Auto Liability required only if the tenant owns autos.

Renters of residential property are not required to have liability insurance unless the residence is in the church building. Then, \$250,000 of coverage is required.

Sample Certificate of Insurance for LEASES and USE AGREEMENTS																	
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 <input type="checkbox"/> OWNER'S & CONTRACTORS PROT	XXXXXX	XXXX	XXXX	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>FIRE DAMAGE (ANY ONE FIRE)</td><td style="text-align: right;">10,000</td></tr> <tr><td>MED EXP (ANY ONE PERSON)</td><td style="text-align: right;">5,000</td></tr> </table>	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
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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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>BODILY INJURY (PER ACCIDENT)</td><td></td></tr> <tr><td>BODILY INJURY (PER ACCIDENT)</td><td></td></tr> <tr><td>PROPERTY DAMAGE</td><td></td></tr> </table>	COMBINED SINGLE LIMIT	1,000,000	BODILY INJURY (PER ACCIDENT)		BODILY INJURY (PER ACCIDENT)		PROPERTY DAMAGE					
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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><input checked="" type="checkbox"/> WC STATUTORY LIMITS</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr><td>EL EACH ACCIDENT</td><td></td><td style="text-align: right;">500,000</td></tr> <tr><td>EL DISEASE - POLICY LIMIT</td><td></td><td style="text-align: right;">500,000</td></tr> <tr><td>EL DISEASE - EA EMPLOYEE</td><td></td><td style="text-align: right;">500,000</td></tr> </table>	<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
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A	OTHER <input checked="" type="checkbox"/> SEXUAL ABUSE & MOLESTATION	XXXXX	XXXX	XXXX	1,000,000												
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS Community of Christ (local & World Church) is named as additional insured. Name & address of location _____																	
<b>CERTIFICATE HOLDER</b> Community of Christ 1001 W. Walnut Independence, MO 64050  OR LOCAL CONGREGATION ADDRESS (CITY STATE ZIP)			<b>CANCELLATION</b> 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