

Use this sample form when:

The certificate is for use when contracting with a PROFESSIONAL COMPANY, such as architects and engineers, consultants of any kind, and companies contracted for higher-risk activities .

NOTES: \$2 million general aggregate; Worker's Compensation requires statutory limits; no excess policy required.

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 (Your Insurance Co. Name) COMPANY C (Your Insurance Co. Name) 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	XXXXXX	XXXX	XXXX	GENERAL AGGREGATE	2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTORS PROT				EACH OCCURRENCE	1,000,000
					FIRE DAMAGE (ANY ONE FIRE)	10,000
					MED EXP (ANY ONE PERSON)	5,000
A	AUTOMOBILE LIABILITY	XXXXX	XXXX	XXXX	COMBINED SINGLE LIMIT	1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
A	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	
					AGGREGATE	
	EXCESS LIABILITY				EACH OCCURRENCE	
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	XXXXX	XXXX	XXXX	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT	500,000
					EL DISEASE - POLICY LIMIT	500,000
					EL DISEASE - EA EMPLOYEE	500,000
C	OTHER	XXXXXX	XXXX	XXXX		1,000,000
	<input checked="" type="checkbox"/> PROFESIONAL LIAB W/ E&O					
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 _____			