

**Use this sample form when:**

The certificate is for a **VENDOR** or **SERVICE PROVIDER**, the contract is for less than \$5,000 AND the service does not involve 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: \$250,000 general aggregate; Worker's Compensation requires statutory limits; no excess policy required; no builder's risk required; additional insured clause not required.

<b>Sample Certificate of Insurance for VENDORS and SERVICE PROVIDERS</b> (contract amount < \$5,000 and no roofing, electrical or gas plumbing)													
<b>CERTIFICATE OF LIABILITY INSURANCE</b>					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)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">COMPANY A</td> <td style="width: 50%;">(Your Insurance Co. Name)</td> </tr> <tr> <td>COMPANY B</td> <td>(Your Insurance Co. Name)</td> </tr> <tr> <td>COMPANY C</td> <td></td> </tr> <tr> <td>COMPANY D</td> <td></td> </tr> </table>				COMPANY A	(Your Insurance Co. Name)	COMPANY B	(Your Insurance Co. Name)	COMPANY C		COMPANY D	
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	<b>GENERAL LIABILITY</b> <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	250,000							
	<input type="checkbox"/> PRODUCTS - COMP/OP AGG				250,000								
	<input type="checkbox"/> PERSONAL & ADV INJURY				250,000								
	<input type="checkbox"/> EACH OCCURRENCE				250,000								
	<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				250,000								
A	<b>AUTOMOBILE LIABILITY</b> <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	XXXXXX	XXXX	XXXX	BODILY INJURY (PER ACCIDENT)								
	BODILY INJURY (PER ACCIDENT)												
	PROPERTY DAMAGE												
	AUTO ONLY - EA ACCIDENT												
	OTHER THAN AUTO ONLY:												
	EACH ACCIDENT												
	AGGREGATE												
	EACH OCCURRENCE												
	AGGREGATE												
A	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO	XXXXXX	XXXX	XXXX	EACH ACCIDENT								
	AGGREGATE												
	EACH OCCURRENCE												
	AGGREGATE												
B	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>  THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	XXXXXX	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								
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  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