

SAMPLE CERTIFICATE OF INSURANCE FOR CONSTRUCTION

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 ON 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	
	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				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 & CONTRACTOR'S PROT				EACH OCCURRENCE	1,000,000
					FIRE DAMAGE (ANY ONE FIRE)	10,000
					MED EXP (ANY ONE PERSON)	5,000
A	AUTOMOBILE LIABILITY				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					
A	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	
					AGGREGATE	
A	EXCESS LIABILITY				EACH OCCURRENCE	
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	5,000,000
	<input type="checkbox"/> OTHER THAN UMBREI					
B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT	500,000
					EL DISEASE - POLICY LIMIT	500,000
					EL DISEASE - EA EMPLOYEE	500,000
A	OTHER					
	<input checked="" type="checkbox"/> BUILDERS' RISK					CONTRACT AMOUNT
	<input type="checkbox"/> INSTALLATION FLOATER					

FOR CONSTRUCTION

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Community of Christ (local & World Church) is named as additional insured.

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 ON THE COMPANY, ITS AGENTS, OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE