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

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>POLICY EFFECTIVE DATE (MM/DD/YY)</th>
<th>POLICY EXPIRATION DATE (MM/DD/YY)</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A GENERAL LIABILITY</td>
<td>XXXXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>GENERAL AGGREGATE 2,000,000</td>
</tr>
<tr>
<td>X COMMERCIAL GENERAL LIABILITY</td>
<td>XXXXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>PRODUCTS - COM/OP AGG 1,000,000</td>
</tr>
<tr>
<td>X CLAIMS MADE</td>
<td>XXXXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>PERSONAL &amp; ADV INJURY 1,000,000</td>
</tr>
<tr>
<td>X OCCUR</td>
<td>XXXXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>EACH OCCURRENCE 1,000,000</td>
</tr>
<tr>
<td>X OWNER'S &amp; CONTRACTORS PROT</td>
<td>XXXXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>FIRE DAMAGE (ANY ONE FIRE) 10,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MED EXP (ANY ONE PERSON) 5,000</td>
</tr>
</tbody>
</table>

### COVERAGE

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 hereby is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

### COMPANY AFFORDING COVERAGE

- COMPANY A
- COMPANY B
- COMPANY C
- COMPANY D

### COVERAGES

- **ANY AUTO**: Combined single limit 1,000,000

### PROFESSIONAL LIABILITY

- **AUTHORIZED REPRESENTATIVE**
- **CERTIFICATE HOLDER CANCELLATION**
- **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.**

### SAMPLE ONLY

**NAME & ADDRESS OF LOCATION**

**OR LOCAL CONGREGATION ADDRESS**

**AUTHORIZED REPRESENTATIVE**

**COMMUNITY OF CHRIST**

**1001 W. WALNUT**

**INDEPENDENCE, MO 64050**

**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.**