

# How to Read Your Certificate of Insurance

This guide will help you read and understand your certificate of insurance (COI). Your COI will be required by your vendors and anyone you have a work contract with. Make sure to always review your contract and the insurance requirements to verify that they match your COI.

**ACORD** Certificate Of Insurance
Issue Date

**Producer**

Code      Sub Code

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies below. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder.

**Companies Affording Coverage**

Company Letter **A** \_\_\_\_\_

Company Letter **B** \_\_\_\_\_

Company Letter **C** \_\_\_\_\_

Company Letter **D** \_\_\_\_\_

Company Letter **E** \_\_\_\_\_

**Insured**

**Coverages**

This is to certify that the policies of insurance listed below have been issued to the insured name 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 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 EFF (MM/DD/YYYY)	Policy EXP (MM/DD/YYYY)	Limits												
<b>A</b>	<p><b>General Liability</b></p> <p><input type="checkbox"/> Commercial General Liability</p> <p><input type="checkbox"/> Claims-Made    <input type="checkbox"/> Occur</p> <p><input type="checkbox"/> Owners &amp; Contractor PROT.</p>	_____	_____	_____	<table style="width: 100%; border-collapse: collapse;"> <tr><td>General Aggressive</td><td style="text-align: right;">\$</td></tr> <tr><td>Products - Comp/Op AGG</td><td style="text-align: right;">\$</td></tr> <tr><td>Personal &amp; Advertising Injury</td><td style="text-align: right;">\$</td></tr> <tr><td>Each Occurrence</td><td style="text-align: right;">\$</td></tr> <tr><td>Fire Damage (Any one fire)</td><td style="text-align: right;">\$</td></tr> <tr><td>Medical Expense (Any one person)</td><td style="text-align: right;">\$</td></tr> </table>	General Aggressive	\$	Products - Comp/Op AGG	\$	Personal & Advertising Injury	\$	Each Occurrence	\$	Fire Damage (Any one fire)	\$	Medical Expense (Any one person)	\$
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<b>B</b>	<p><b>Automobile Liability</b></p> <p><input type="checkbox"/> Any Auto</p> <p><input type="checkbox"/> All Owned Autos</p> <p><input type="checkbox"/> Hired Autos</p> <p><input type="checkbox"/> Scheduled Autos</p> <p><input type="checkbox"/> Non Owned Autos</p> <p><input type="checkbox"/> Garage</p>	_____	_____	_____	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Combined Single Limit</td><td style="text-align: right;">\$</td></tr> <tr><td>Bodily Injury (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>Bodily Injury (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>Property Damage</td><td style="text-align: right;">\$</td></tr> </table>	Combined Single Limit	\$	Bodily Injury (Per person)	\$	Bodily Injury (Per accident)	\$	Property Damage	\$				
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<b>C</b>	<p><b>Excess Liability</b></p> <p><input type="checkbox"/> Umbrella Liability</p> <p><input type="checkbox"/> Excess Liability</p>	_____	_____	_____	<table style="width: 100%; border-collapse: collapse;"> <tr><td></td><td style="text-align: right;">Each Occurrence</td><td style="text-align: right;">Aggregate</td></tr> <tr><td></td><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> </table>		Each Occurrence	Aggregate		\$	\$						
	Each Occurrence	Aggregate															
	\$	\$															
<b>B</b>	<p>Worker's Compensation and Employer's Liability</p>	_____	_____	_____	<table style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="text-align: center;">Statutory Limit</td></tr> <tr><td style="text-align: right;">\$</td><td style="text-align: right;">(Each Accident)</td></tr> <tr><td style="text-align: right;">\$</td><td style="text-align: right;">(Disease - Police Limit)</td></tr> <tr><td style="text-align: right;">\$</td><td style="text-align: right;">(Disease - Each Employee)</td></tr> </table>	Statutory Limit		\$	(Each Accident)	\$	(Disease - Police Limit)	\$	(Disease - Each Employee)				
Statutory Limit																	
\$	(Each Accident)																
\$	(Disease - Police Limit)																
\$	(Disease - Each Employee)																
	<b>Other</b>																

**Description of Operations & Locations/Vehicles/Restrictions/Special Items**

\_\_\_\_\_

\_\_\_\_\_

**Certificate Holder**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized Representatives

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The Producer:**

Your insurance provider is your producer. They create, order, and send certificates of insurance while making sure you meet your contract requirements.

**Name of Insured:**

You are the insured; the legal name of the business should be represented on the certificate.

**Types of Insurance:**

This column shows the type of policy you have along with policy forms. Make sure the types of insurance you have match the contact requirements.

**Policy Form:**

These boxes, when marked, indicate the coverage and policy form attached to the type of insurance. (For more explanation, contact the insurance producer).

**Named Additional Insured:**

Your contract insurance requirements will state who needs to be named as an additional insured on the certificate. This is the location for their name and any additional wording.

**Certificate Holder:**

The contract insurance requirements will state who needs to be the certificate holder. This is the section where the company name and address, along with any other contract information, will go.

**Policy Effective Date:**

This column on the certificate indicates the start date of a policy term. This date must be prior to or coincidental with the effective date of the contract.

**Policy Expiration Date:**

This column indicates the end of the policy term. Make sure that it is greater than any active contracts you may have.

**Limits of Insurance:**

This column represents the amount of coverage your policy has. Your contract insurance requirements will indicate the amount of coverage needed.

**Description of Operations:**

This is where the required contract wording will go. Review and make sure it reflects what the contract requires.

**Authorized Representative:**

The certificate of insurance must be signed by an authorized representative of the producer.

Insurance Company Logo/Name Here

**MEMBER CERTIFICATE OF INSURANCE**

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**NAMED INSURED MEMBER:**

**Named Insured & Mailing Address**     **PRODUCER NAME**

(Campus Name) PTA

Company / Coverage	Policy #	Effective Dates	Deductible	Limits of Insurance	
Gotham Insurance Company / Commercial General Liability		10/1/21 - 10/1/22	\$ 0	Each Occurrence	\$1,000,000
				General Aggregate	\$2,000,000
				Products - COMP/OPS - Subject to General Aggregate	Included
				Personal & Advertising Injury	\$1,000,000
				Fire Damage (any one fire)	\$50,000
Gotham Insurance Company / Extended Medical Payments		10/1/21 - 10/1/22	\$ 0	Any One Person	\$5,000
Gotham Insurance Company / Professional Liability (Directors & Officers Liability)		10/1/21 - 10/1/22	\$ 0	Aggregate	\$1,000,000

**Certificate Holder:**  
Denton Independent School District  
1212 N Elm St  
Denton, TX 76201

This member certificate, together with the common policy conditions, coverage part(s), coverage form(s), and endorsements, if any, complete the above numbered

**AUTHORIZED REPRESENTATIVE** \_\_\_\_\_ **(Signature Required)**

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# Sample Certificate of Insurance (COI)

COI must meet ALL mandatory requirements shown in red.

DATE (MM/DD/YYYY)  
Current Date

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  Insurance provider name and address here. Provider must be registered to do business in the U.S.	CONTACT NAME: <b>Contact Name</b>
	PHONE (A/C, No, Ext): <b>Contact Phone#</b>
	FAX (A/C, No):
	E-MAIL ADDRESS: <b>Contract Email address</b>
	INSURER(S) AFFORDING COVERAGE
	NAIC #
<b>INSURED</b>  Your company name and/or DBA and address here. Company name must match exact name on application.	INSURER A :
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

Denton ISD reserves the right to request higher and/or additional coverage amounts based on type of contract

**COVERAGES**      **CERTIFICATE NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR Broad Form Property Damage Blanket Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				Policy start date	Must expire after event end date	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$1,000,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
X	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				Policy start date	Must expire after event end date.	COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000 BODILY INJURY (Per person) \$ \$ 500,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
X	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A		Policy start date	Must expire after event end date.	WC STATU-ORY LIMITS    OTH-ER    \$1,000,000 E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional insured:  
This policy is valid within the United States

<b>CERTIFICATE HOLDER</b>  Denton Independent School District Risk Management Department 1212 N. Elm Street Denton, Texas 76201	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  Signature Required
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