

School District of Philadelphia

Certificate of Insurance Guidelines

(Please present this document to your insurance producer who can help guide you in obtaining the appropriate level of insurance)

- 1. The producer must provide its name address and phone number or the document will not be accepted. (In the example the information is incomplete as it is missing the phone number.) The Producer is the person generating the Certificate of Liability Insurance. This form can only be produced by an insurance company or a broker authorized to produce the document on behalf of the insurance company.
- 2. The Insured is the entity covered by the insurance, also referred to as the First Party Insured. This name must exactly match the name appearing on the contract. The Certificate can not be accepted because the document is stating on its face that an entity other than that appearing on the contract is insured instead of the entity appearing on the contract.
- 3. For the Commercial General Liability Insurance (CGL), the Producer must indicate "Occurrence" coverage, and whether the coverage limits are for the policy, the project or the location. (This information is also required for the umbrella policy.) The contract will state the nature of the coverage. The Certificate must match that coverage or the insurance does not meet the requirements of the contract.
- 4. The automobile insurance must state the vehicles covered under the policy.
- 5A. There is no indication of which insurance companies are providing which insurance policies (See "5A" and "5B"). The Insured Letter, appearing in the column indicated by "5A" corresponds to the insurance company name and number appearing in 5B.
- 5B. The Certificate of Insurance fails to provide the NAIC number. This information is necessary to ensure that the insurance company is licensed to write the line of coverage in the State of Pennsylvania.
- 6. The actual insurance policy must be listed. Binder numbers, "TBD" or "TBA" is insufficient. (As you will note in the example, the CGL policy is listed but none of the other policies are listed).
- 7. The coverage limits must be listed.
- 8. The description must state: "The School District of Philadelphia, its Board of Education and members, its officers, agents and employees are included as Additional Insureds."
- 9. The School District of Philadelphia must be listed by name and address, including suite number as the Certificate Holder. Without the suite number the legal notices may fail to reach the District in a timely manner.
- 10. The language appearing in the cancellation must be struck as follows:"
Should any of the above described policies be canceled before the expiration date thereof, the issuing insurer will mail 30 days written notice to the certificate holder named to the left.
- 11. The producer's signature must be an original signature. Computer generated signatures are accepted but not stamped or typed signatures.
- 12. The date appearing in this section must reflect the date that the document was signed.
- 13. Include a copy of the Additional Insured Endorsement form.

School District of Philadelphia Certificate of Insurance Guidelines



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/01/0000

<p>PRODUCER REALLY GOOD INS., INC. 1000 MAIN STREET PHILADELPHIA, PA 19130</p>	<p>THIS CERTIFICATION 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.</p>																		
<p>INSURED LITTLE FEATS, INC 999 WASHINGTON STREET PHILADELPHIA, PA 19130 CONTRACT # 2742</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A</td> <td>HARTFORD CAS. INS. CO.</td> <td>29424</td> </tr> <tr> <td>INSURER B</td> <td>PHILADELPHIA INS. CO.</td> <td>23850</td> </tr> <tr> <td>INSURER C</td> <td>TECHNOLOGY INS.</td> <td>42376</td> </tr> <tr> <td>INSURER D</td> <td></td> <td></td> </tr> <tr> <td>INSURER E</td> <td></td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE		NAIC #	INSURER A	HARTFORD CAS. INS. CO.	29424	INSURER B	PHILADELPHIA INS. CO.	23850	INSURER C	TECHNOLOGY INS.	42376	INSURER D			INSURER E		
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COVERAGES
THE POLICIES OF INSURANCE 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADDL LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC	HC147-22-188	7/1/08	6/30/09	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/DCP AGG \$2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		1/1/08	12/31/08	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$		7/1/08	6/30/09	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes describe under SPECIAL PROVISIONS below OTHER		9/18/08	9/17/09	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C		PROFESSIONAL LIABILITY (EDUCATOR'S LEGAL LIABILITY)		9/18/08	9/18/09	\$1,000,000/OCCUR \$2,000,000/AGG

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 THE SCHOOL DISTRICT OF PHILADELPHIA, ITS OFFICERS, AGENTS AND EMPLOYEES ARE INCLUDED AS ADDITIONAL INSURED.

<p>CERTIFICATE HOLDER SCHOOL DISTRICT OF PHILADELPHIA OFFICE OF RISK MANAGEMENT 440 N. BROAD STREET - SUITE 325 PHILADELPHIA, PA 19130</p>	<p>CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE</p>
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