

## Quick Tips: Understanding the Acord Certificate of Insurance

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)

**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 have ADDITIONAL INSURED provisions or 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).**

**1. PRODUCER**  
Insurance Agent/Broker who issues certificate.

**2. NAME OF INSURED**  
Must be the legal name of the contracting party

**3. TYPES OF INSURANCE**  
Must include the types of insurance required by contract

**4. POLICY FORM**  
Occurrence required for Commercial General Liability

**5. NAMED ADDITIONAL INSURED**  
Temple University of the Commonwealth of Higher Education, Its Trustees, Officers, Employees and agents

**6. CERTIFICATE HOLDER**  
Must be Temple University

**7. POLICY EFFECTIVE DATE**  
Must be prior to or coincidental with effective date of contract

**8. POLICY EXPIRATION DATE**  
If occurrence form, date must be on or after termination of contract

**9. LIMITS OF INSURANCE**  
Must be the same or greater than required by contract

**10. DESCRIPTION OF OPERATIONS**  
Temple is often named additional insured here; place and event sometimes described here

**11. AUTHORIZED REPRESENTATIVE**  
Must be signed, not stamped

INSURER	TYPE OF INSURANCE	ADJ. SUBR.	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED. <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
Temple University of the Commonwealth System of Higher Education, Its Trustees, Officers, Employees and agents are named as additional insured under the General Liability Policy, any applicable excess/umbrella, auto, or other policies. This insurance is primary to any other valid and collectible insurance in force.						
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>		
Temple University 1803 N. Broad Street Carnell Hall, Suite 615 Philadelphia, PA 19122				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
				AUTHORIZED REPRESENTATIVE		

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- THE PRODUCER:** Produces or orders Certificate for insured; answers questions, revises certificate to meet contract requirements.
- NAME OF INSURED:** Must be legal name of contracting party.
- TYPES OF INSURANCE:** Must include types required by contract.
- POLICY FORM:** Will indicate claims-made or occurrence form.
- NAMED ADDITIONAL INSURED:** The Certificate must state, either under Description of Operations or by attached endorsement, that Temple University is named additional insured.
- CERTIFICATE HOLDER:** Must be Temple University
- POLICY EFFECTIVE DATE:** Must be prior to or coincidental with effective date of contract.
- POLICY EXPIRATION DATE:** For "occurrence" form coverage, date should be on or after the termination date of contract; if "claims-made coverage," coverage must survive for a period not less than three years following termination of contract and shall provide for a retroactive date of placement prior to or coinciding with the effective date of contract.
- LIMITS OF INSURANCE:** Must be same or greater than required by contract.
- DESCRIPTION OF OPERATIONS:** Review information in this section to determine it is consistent with contract.
- AUTHORIZED REPRESENTATIVE:** Must be signed by an authorized representative of Producer