



Liability Insurance requirements

1. Insured: Must include name and address of the organization requesting space.
2. Policy Effective/Expiration that are within the requested dates of use.
3. Limits: A minimum limits of 300,000 per person, 2,000,000 per occurrence and the certificate will name Columbia Public Schools as the certificate holder using District Address: 1818 W. Worley St. Columbia, MO 65203
4. Cancellations: Policy must require that the insurer send notice to Columbia Public Schools within 30 days of cancellation.

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 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).

PRODUCER NAME: PHONE: FAX: E-MAIL: ADDRESS: CITY: STATE: ZIP:	CONTACT NAME: PHONE: FAX: E-MAIL: ADDRESS: CITY: STATE: ZIP:
INSURED Organization Name & Address CITY: STATE: ZIP:	

INSURER A:	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

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

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSUR. LINES	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS	
					PER OCCURRENCE	PER PERSON
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				\$ 2,000,000	\$ *
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				\$ *	\$ *
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER:				\$ *	\$ *
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO. SECT. <input type="checkbox"/> LOC				\$ *	\$ *
<input type="checkbox"/>	<input type="checkbox"/> AUTOMOBILE LIABILITY				\$ 300,000	\$ *
	<input type="checkbox"/> ANY AUTO				\$ *	\$ *
	<input type="checkbox"/> ALL OWNED AUTOS				\$ *	\$ *
	<input type="checkbox"/> HIRED AUTOS				\$ *	\$ *
<input type="checkbox"/>	<input type="checkbox"/> UMBRELLA LIAB				\$ *	\$ *
	<input type="checkbox"/> EXCESS LIAB				\$ *	\$ *
<input type="checkbox"/>	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYEES' LIABILITY				\$ *	\$ *
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				\$ *	\$ *
	<input type="checkbox"/> (Mandatory in NM)				\$ *	\$ *
	<input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS				\$ *	\$ *

DESCRIPTION OF OPERATIONS / EXCLUSIONS / ENDORSEMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Columbia Public Schools 1818 W. Worley St. Columbia, MO 65203	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
	Signature