



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) **1**

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).

Insurance Producer **2**

Company (Insured) Name **3**

PRODUCER	CONTACT NAME:	
	PHONE (A/C, H/O, E/M):	FAX (A/C, H/O):
	E-MAIL:	
	ADDRESS:	
	PRODUCER:	
	CUSTOMER ID #:	
INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A:	
	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.

Gen Liability **4**

Policy **5**  
Any Auto **6**

Worker's Comp **7**

Professional Liability\*\* **8A**

TYPE OF INSURANCE	ADD'L SUBR. RGR. BOVD	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPI. DATE (MM/DD/YYYY)	LIMITS
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT PER POLICY: <input type="checkbox"/> POLICY <input type="checkbox"/> PER OCCUR <input type="checkbox"/> LOC					EACH OCCURRENCE \$ <b>9</b> DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ <b>10</b> PRODUCTS - COMP/OP AGG \$ <b>11</b>
<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					COMBINED SINGLE LIMIT (EA ACCIDENT) \$ <b>12</b> BODILY INJURY (Per person) \$ 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 <input type="checkbox"/> DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPERTY OR PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Standard is NO) Y/N <b>7</b> N/A					W/ STATE-TORY LIMITS <input type="checkbox"/> <b>10</b> / <input type="checkbox"/> <b>12</b> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>PROFESSIONAL LIABILITY**</b> <b>8A</b>					\$2,000,000 min. per occurrence <b>8B</b>

Add'l Insured: State of Utah DHS/DAAS Salt Lake County **13**

CANCELLATION 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 **14** Signature required

\*\$1,000,000—products completed only required for providers offering goods  
\*\*Professional Liability—required for providers that employ doctors, dentists, social workers, mental health therapists, or other professionals to provide services under awarded contract

1. Insurance effective date
2. Insurance provider and/or certificate producer
3. Company/agency name
4. *Commercial General Liability, Occur, and Addl Insr* should be marked with an 'x'
5. *Policy* should be marked with an 'x'
6. If applicable- *Any Auto* should be marked with an 'x'
7. Workers Comp-box should be marked with 'Y'
- 8A. If applicable– professional liability policy number
- 8B. If applicable- \$2,000,000 per occurrence
9. \$2,000,000 (minimum)
10. \$3,000,000 (minimum)
11. If applicable- \$2,000,000 (minimum)
12. If applicable- \$2,000,000 (minimum)
13. Must list additional insured in the following format:
  - State of Utah
  - DHS/DAAS
  - Salt Lake County
14. Authorized insurance representative signature