



SECTION I

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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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, AGENT'S NAME & ADDRESS, INSURED, CONTACT NAME: JOHN CERTIFICATE, PHONE, FAX, E-MAIL, ADDRESS: JOHN CERT@AOL.COM, INSURER(S) AFFORDING COVERAGE, NAIC #

COVERAGES CERTIFICATE NUMBER: SECTION II 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes rows for GENERAL LIABILITY, AUTOMOBILE LIABILITY, UMBRELLA LIAB, and WORKERS COMPENSATION AND EMPLOYERS' LIABILITY.

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

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CERTIFICATE HOLDER CANCELLATION

CITY OF PHILA., DEPT. OF LICENSES & INSPECTIONS, 1401 JFK BLVD., PHILADELPHIA, PA 19102. 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 JOHN DOE

CERTIFICATE OF LIABILITY INSURANCE INSTRUCTION SHEET

For further information, call 215-686-8686

The following information must be completed on the Certificate of Liability Insurance form (ACORD 25) be submitted to the Department to show proof of insurance coverage before a license will be issued.

Section I

- 1) **Date** – Provide the date the certificate was issued (month/day/year).
- 2) **Producer** – Provide the name and address of the agency issuing the insurance policy.
 - a. **Contact Information** – Provide the agency’s contact name, phone number, fax number and email.
- 3) **Insured** – Provide the name and address of the insured company/individual covered under this policy.
 - a. **Insurer(s) affording coverage information** – Provide the name of the company(ies) providing the insurance for General Liability, Automobile Liability and Workers Compensation.

Provide the NAIC# for the policy(ies) listed.

Section II

4) **General Liability Insurance information:**

- a. **Insurer Letter** – This letter should match the insurer provided in section 3a.
- b. **General Liability** – The “Commercial General Liability” box and the “Occur” box must be selected.
- c. **Additional Insured** – This box must be selected only for Demolition Contractor and Home Inspector Licenses.
- d. **Policy Number** – Provide the policy number for the general liability insurance.
- e. **Policy Period Dates** – Provide the effective date and expiration date of the general liability insurance policy (Month/Date/Year).
- f. **Limits** – Provide the minimum amount of insurance for ‘each occurrence’ covered under this insurance policy. The minimum limits based on type of license are listed on page 3.

5) **Automotive Liability Insurance information**

Exception - In lieu of the ACORD 25 form, a declarations page from the insurance company with the minimum insurance amounts is acceptable.

- a. **Insurer Letter** – This letter should match the insurer provided in section 3a.
- b. **Automobile Liability** – The ‘Any Auto’ box must be selected (and/or ‘Hired Autos’ and ‘Non-Owned Autos’ box selected).
- c. **Policy Number** – Provide the policy number for the automobile liability insurance.
- d. **Policy Period Dates** – Provide the effective date and expiration date of the automobile liability insurance policy (Month/Date/Year).
- e. **Limits** – Provide the minimum ‘combined single limit’ amount of insurance for each accident covered under this insurance policy. The minimum limits based on type of license are listed on page 3.

Note: If this is a corporation and the employees utilize their own vehicles for work, then the corporation must have automobile liability for hired and non-owned autos in the amount listed on page 3.

CONTINUED

6) **Workers Compensation and Employers' Liability information:**

- a. **Insurer Letter** – This letter should match the insurer provided in section 3a.
- b. **Policy Number** – Provide the policy number for the workers compensation and employers' liability insurance.
- c. **Policy Period Dates** – Provide the effective date and expiration date of the workers compensation and employers' liability insurance policy (Month/Date/Year).
- d. **Workers Compensation Statutory Limits** - The 'WC Statutory Limits' box must be selected.
- e. **Limits (each accident)** – Provide the minimum amount of insurance for each accident covered under this insurance policy. The minimum limits based on type of license are listed on page 3.
- f. **Limits (each employee)** – Provide the minimum amount of insurance for disease of each employee covered under this insurance policy. The minimum limits based on type of license are listed on page 3.
- g. **Limits (policy limit)** - Provide the minimum policy limit for disease covered under this insurance policy. The minimum limits based on type of license are listed on page 3.

Exception: If all contracting work will be performed by you as the sole proprietor, a business partner and/or a corporate officer, submit a notarized statement or a State Workers Insurance Fund Certificate (SWIF) attesting that you have no employees. If you do hire employees, you must update your license with Workman's' Compensation.

Section III

- 7) **Description of Operation information** - Provide a detailed description of the operation, location and/or vehicles.
- 8) **Certificate Holder** – The City of Philadelphia must be provided in this section with the following name and address below.

The City of Philadelphia
Department of Licenses & Inspections
1401 John F. Kennedy Blvd
Philadelphia, PA 19102

- 9) **Authorized Representative** – The certificate of insurance must be signed by the authorized representative.

**CONTINUE ON PAGE 3 FOR INSURANCE LIMITS AS DETERMINED BY
THE OFFICE OF RISK MANAGEMENT.**

INSURANCE LIMITS BASED ON LICENSE TYPE

Trade License	General Liability (per occurrence) Includes products and completed operations	Automobile Liability	Workers Compensation
Contractor	\$500,000	\$300,000	\$100,000 per accident \$100,000 per employee \$500,000 policy limit
Demolition	\$2,000,000	\$300,000	\$100,000 per accident \$100,000 per employee \$500,000 policy limit
Electrical Contractor	\$500,000	\$300,000	\$100,000 per accident \$100,000 per employee \$500,000 policy limit
Electrical Inspection Agency	\$1,000,000	N/A	\$100,000 per accident \$100,000 per employee \$500,000 policy limit
Excavation Contractor	\$2,000,000	\$300,000	\$100,000 per accident \$100,000 per employee \$500,000 policy limit
Expediter	\$100,000 (Professional Liability)	N/A	N/A
Fire Suppression Contractor	\$500,000	\$300,000	\$100,000 per accident \$100,000 per employee \$500,000 policy limit
Home Inspector	\$100,000 (General Liability) \$500,000 total with up to \$2,500 deductibles	\$100,000	\$100,000 per accident \$100,000 per employee \$500,000 policy limit
	\$100,000 (Professional Liability) \$500,000 total with up to \$2,500 deductibles		
PA. Home Improvement	\$500,000	\$300,000	\$100,000 per accident \$100,000 per employee \$500,000 policy limit
Master Plumber	\$500,000	\$300,000	\$100,000 per accident \$100,000 per employee \$500,000 policy limit
Special Inspection Agency	\$500,000 (Professional Liability)	N/A	\$100,000 per accident \$100,000 per employee \$500,000 policy limit