



CERTIFICATE OF LIABILITY INSURANCE

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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 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 noider in lieu of such endor	sement(s).	CONTACT			
PRODUCER	[a	NAME: JOHN CE	RTIFICATE	EAY	
AGENT'S NAME	<u> </u>	(A/C, No, Ext): 1-888-	555-6111	(AJC, No):	1-888-555-6112
& ADDRESS		ADDRESS: JOHNOE	RTO AOL CO	ЭM	
		INS	URER(S) AFFOR	RDING COVERAGE	NAIC#
		INSURER A : Wausau	Business Ins	surance Company	26069
INSURED	<u> </u>	INSURER B : Wausau	Underwriters	s Insurance Company	26042
		INSURER C : Contine	ntal Casualty	Co.	13269
INSURED STREET ADDR	(133	INSURER D :			
OITT, STATE ZIF		INSURER E :			
		INSURER F :			
COVERAGES CER	RTIFICATE NUMBER: SECTI	ON II		REVISION NUMBER:	1
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREMENT, TERM OR CONDITION PERTAIN, THE INSURANCE AFFO POLICIES. LIMITS SHOWN MAY HA	ON OF ANY CONTRACT PRDED BY THE POLICIE VE BEEN REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	ECT TO WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
GENERAL LIABILITY				EACH OCCURRENCE 4f	\$ 500,000
COMMERCIAL GENERAL LIABILITY	4d	Ta.	1	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
CLAIMS-MADE X OCCUR	×	4		MED EXP (Any one person)	\$
4b	4c ABC123	12/17/2013	12/17/2014	PERSONAL & ADV INJURY	\$
[40]			1	GENERAL AGGREGATE	\$
A GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$
POLICY PRO- JECT LOC				THOSEGIO COMITOL ACC	\$
ALITOMORII E LIADILITY				COMBINED SINGLE LIMIT	\$ 300,000
5a X ANY AUTO	5c	5	ď	(Ea accident) BODILY INJURY (Per person)	\$ 300,000
ALL OWNED SCHEDULED		_1	_	BODILY INJURY (Per accident)	•
AUTOS AUTOS NON-OWNED	ABC456	12/17/2013	12/17/2014	PROPERTY DAMAGE	\$
HIRED AUTOS X AUTOS			=	(Per accident)	\$
UMBRELLA LIAB OCCUR		-			
- CCCOR				EACH OCCURRENCE	\$
EXCESS LIAB CLAIMS-MADE			0	AGGREGATE	\$
DED RETENTION \$				✓ WC STATU- OTH-	\$
AND EMPLOYERS' LIABILITY Y/N	[6b]		6 d	TORY LIMITS ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED?	N/A ABC789	12/17/2013	12/17/2014	E.L. EACH ACCIDENT	\$ 100,000
(Mandatory in NH) If yes, describe under			-	E.L. DISEASE - EA EMPLOYEE	
DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$ 500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	SECTION SECTION		a rockuland)		
PERSONAL FIGURE OF EXAMINATIONS / VEHICLE	TEC (Allacii ACOND 101, Additional Remai	no ochegule, il lilote space il	, , 64uil 6U)		
CERTIFICATE HOLDER		CANCELLATION			
CERTIFICATE HOLDER CITY OF PHILA., DEPT. OF LICENSES & INSPECTIONS 1401 JFK BLVD. CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.					
PHILADELPHIA, PA 19102		AUTHORIZED REPRESE	NTATIVE		
		[R]		JOHN DOE	

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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 <u>Demolition Contractor and Home Inspector</u> 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.

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- 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) **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

8) 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.

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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	
Tiome mapeetor	\$100,000 (Professional Liability) \$500,000 total with up to \$2,500 deductibles	¥200,000		
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	

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