



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 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).

PRODUCER, AGENT'S NAME & ADDRESS, CONTACT NAME: JOHN DOE, PHONE, FAX, E-MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #, INSURED, INSURER A, B, C, D

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

SECTION II

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW ARE IN FORCE AND APPLICABLE 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 INSD, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, Workers Compensation and Employers' Liability.

SECTION III

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Covers operations of the named insured.

CERTIFICATE HOLDER, CANCELLATION, AUTHORIZED REPRESENTATIVE JOHN DOE

CERTIFICATE OF LIABILITY INSURANCE INSTRUCTION SHEET FOR PERMITS

For further information, call 215-686-8686

The following information must be completed on the Certificate of Liability Insurance form (ACORD 25) to be submitted to the Department to show proof of insurance coverage before a permit for new construction or complete demolition is 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. The adjoining or adjacent property owner and address must be provided as additional insured.
 - a) **Insurer(s) affording coverage information** - Provide the name of the company(ies) providing insurance for General Liability. **Provide the NAIC# for the policy(ies) listed.**

Section II

- 4) **Comprehensive Liability Insurance information:**
 - a) **Insurer Letter** - This letter should match the insurer provided in section 3a.
 - b) **General Liability**- The "Commercial General Liability" box must be selected.
 - c) **Additional Insured** - This box must be selected for Complete Demolition and New Construction Projects.
 - 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 general liability insurance for 'each occurrence' covered under this insurance policy. The minimum limits are based on type of operation.
 - \$1,000,000 for new construction operations
 - \$2,000,000 for complete demolition

Section III

- 5) **Description of Operations** – Provide a description of operations covered under this insurance. The description must include "Covers operations of the named insured."
- 6) **Certificate Holder** – Provide the name and address of the certificate holder.
- 7) **Authorized Representative** - The certificate of insurance must be signed by the authorized representative.