

Understanding the Certificate of Insurance

PRODUCER
Insurance Agent/Broker who issues certificate.

NAME OF INSURED
Must be the legal name of the contracting party.

TYPES OF INSURANCE
Must include the types of insurance required by contract.

POLICY FORM
"Claims made" or "occurrence" form; see glossary for definitions.

NAMED ADDITIONAL INSURED
Portland General Electric Company must be named additional insured.

CERTIFICATE HOLDER
Must be Portland General Electric Company.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)			
PRODUCER ABC Company 123 SE Main Street Portland, OR 97001 503-123-4567		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED Acme Construction 555 NE First St. PO Box 12345 Portland OR 97001		INSURERS AFFORDING COVERAGE INSURER A: TRAVELERS INDEMNITY INSURER B: SUPERIOR INSURANCE CO. INSURER C: STATE INSURANCE COMPANY INSURER D: INSURER E:			
COVERAGES 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
INSR ADDL	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> OCCUR <input type="checkbox"/> LOC	NMO1234567-89	01/01/XX	12/31/XX	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/WCP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" 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	PQR1234567-89	01/01/XX	12/31/XX	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (P/Pr accident) \$ BODILY INJURY (P/Pr accident) \$ PROPERTY DAMAGE (P/Pr accident) \$ GARAGE LIABILITY <input type="checkbox"/> ANY AUTO AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	XYZ1234567-89	01/01/XX	12/31/XX	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	STU1234567-89	01/01/XX	12/31/XX	IWC STATE-TORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS Portland General Electric Company, its officers, agents, and employees are named as additional insureds per the attached endorsement(s). Such insurance shall be primary with respects to the interests of Portland General Electric. Waiver of subrogation applies.					
CERTIFICATE HOLDER Portland General Electric Company Risk Management Department 121 SW Salmon Street Portland, Oregon 97204			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE		

POLICY EFFECTIVE DATE
Must be prior to or coincidental with effective date of contract.

POLICY EXPIRATION DATE
If occurrence form, date must be on or after termination of contract.

LIMITS OF INSURANCE
Must be the same or greater than required by contract.

DESCRIPTION OF OPERATIONS
Often name additional insured here; place & event sometimes described here.

NOTICE OF CANCELLATION
Must be modified as indicated; 30 days required.

AUTHORIZED REPRESENTATIVE
Must be signed, not stamped.

THE PRODUCER: produces or orders Certificate for insured; answers questions, revises certificate to meet contract requirements.

NAME OF INSURED: Must be legal name of contracting party.

TYPES OF INSURANCE: Must include types required by contract.

POLICY FORM: Will indicate claims-made or occurrence form; see "Policy Expiration Date" and Glossary for additional information.

NAMED ADDITIONAL INSURED: The Certificate must state, either under Description of Operations or by attached endorsement, that Portland General Electric Company is an additional insured.

CERTIFICATE HOLDER: Must be Portland General Electric Company; address must include department and contact person.

POLICY EFFECTIVE DATE: Must be prior to or coincidental with effective date of contract.

POLICY EXPIRATION DATE: For "occurrence" form coverage, date should be on or after the termination date of contract; if "claims-made coverage", coverage must survive for a period not less than three years following termination of contract and shall provide for a retroactive date of placement prior to or coinciding with the effective date of contract.

LIMITS OF INSURANCE: Must be same or greater than required by contract.

DESCRIPTION OF OPERATIONS: Review information in this section to determine if it is consistent with the contract.

NOTICE OF CANCELLATION: This language must be modified to read: "Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail 30 days notice to the certificate holder named to the left."

AUTHORIZED REPRESENTATIVE: Must be signed by an authorized representative of Producer.