



*League of Southeastern
Credit Unions & Affiliates*

Chapter Meeting Insurance

CUNA Mutual Group

Certificate of Insurance

Jim Hunt Karen Garner

A Certificate Of Insurance (COI) is issued by an insurance company or broker and verifies the existence of an insurance policy. Certificates Of Insurance (COIs) are used in situations where liability and significant losses are of concern and require a COI, which is the case in most business contexts.

Examples: you rent a location for an event; you are asked to have a booth at a special event, you need a contractor to provide a service, etc.

What we will ask for if you need to provide a COI

- Name and Address of the party requesting the COI (the Certificate holder)
- Event Name
- Address where the event takes place
- Event Date(s) / Time(s)
- What is the chapter doing at the event?
- Food and/or Alcohol served?
 - If Yes, Catered or provided by you?
- Any 3rd party involvement?
 - If Yes, need details

Very helpful to have the event contact/agreement
We have an Online COI request form available

Depending on the type of event, we will request additional information, including details of the activities you plan to do. We will also ask about you obtaining COIs from 3rd parties providing attractions and who will be monitoring these attractions. We often request that you be added to their policies as an Additional Insured (AI). We will ask if a written contract has been reviewed by your legal counsel prior to signing.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDDYYYY)

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	CONTACT NAME:		FAX (A/C. No.):	
	PHONE (A/C. No. Ext):		E-MAIL:	
	ADDRESS:	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED	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.

LTR	TYPE OF INSURANCE	INS. WORD	POLICY NUMBER	POLICY EXP (MMDDYYYY)	POLICY EXP (MMDDYYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PERIOD <input type="checkbox"/> OBJECT <input type="checkbox"/> LOG <input type="checkbox"/> OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (if an occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					EACH OCCURRENCE \$ AGGREGATE \$ \$ RETENTION \$ DED.
	UMBRELLA LIAB EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$ RETENTION \$ DED.
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICERS/SHAREHOLDERS EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER	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

Certificate of Insurance Liability

Account Executives

Ann Michels: | O 608.665.6016 | C 608.575.6070

Alabama	Florida	Georgia
Richard Darrow	Richard Darrow	Richard Darrow
David McBeth	David McBeth	David McBeth
Dawn Parrish	Beverly Culpepper	Mark Euler
Andrea Rodgers	Jack Parker	Buck Posey
Tish Turner	Buck Posey	Andrea Rodgers
Rob Williams	Rob Williams	Tish Turner
		Rob Williams
	800.356.2644	