

Example Certificate of Liability Insurance (COI)

DATE (MM/DD/YYYY)

1 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).

<p>2 PRODUCER</p> <p style="text-align: center; color: red; font-weight: bold;">Name and Address of Agent</p>	<p>CONTACT NAME:</p> <p>PHONE (A/C, No. EXT): FAX (A/C, No.):</p> <p>C/SAL ADDRESS:</p> <p>INSURER(S) AFFORDING COVERAGE: NAIC #</p> <p style="text-align: center; color: red; font-weight: bold;">Name of Entity providing Commercial General Liability</p> <p>4</p>
<p>3 INSURED</p> <p style="text-align: center; color: red; font-weight: bold;">Name and Address of Church</p>	<p>INSURER A:</p> <p>INSURER B:</p> <p>INSURER C:</p> <p>INSURER D:</p> <p>INSURER E:</p> <p>INSURER F:</p>

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.

RGR LTR	TYPE OF INSURANCE	ADDR (SUBR) (RSL) (W/O)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<p>GENERAL LIABILITY</p> <p><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR</p> <p><input type="checkbox"/> Blood From Property Damage</p> <p><input type="checkbox"/> Rental Contractual</p> <p>GEN'L AGGREGATE LIMIT APPLIES PER</p> <p><input type="checkbox"/> POLICY <input type="checkbox"/> PER-ACC <input type="checkbox"/> LOC</p>		Policy Number	Effective Dates	Must Cover	Camp Dates	<p>EACH OCCURRENCE \$ 1,000,000</p> <p>DAMAGE TO RENTED PREMISES (EXCLUSIONS) \$</p> <p>MED EXP (Any one person) \$</p> <p>PERSONAL & ADV INJURY \$</p> <p>GENERAL AGGREGATE \$</p> <p>PRODUCTS - COMP/OP AGG \$</p>
	<p>AUTOMOBILE LIABILITY</p> <p><input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS</p> <p><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS</p> <p><input type="checkbox"/> HYBRID AUTOS</p> <p>UMBRELLA LIAB <input type="checkbox"/> OCCUR</p> <p>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE</p> <p><input type="checkbox"/> PER <input type="checkbox"/> RETENTION \$</p>					<p>COMBINED SINGLE LIMIT (Per accident) \$</p> <p>BODILY INJURY (Per person) \$</p> <p>BODILY INJURY (Per accident) \$</p> <p>PROPERTY DAMAGE (Per accident) \$</p> <p>EACH OCCURRENCE \$</p> <p>AGGREGATE \$</p>	
	<p>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</p> <p>ANY PROPRIETOR/FAMILY MEMBER EXCLUDED OFFICER/MEMBER EXCLUDED (Indemnifiable to BIR) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A</p> <p>If yes, describe under DESCRIPTION OF OPERATIONS below</p>					<p>WC STAT - INDY LIMB \$</p> <p>OTW \$</p> <p>E.L. EACH ACCIDENT \$</p> <p>E.L. DEBASE - EA EMP/OVER \$</p> <p>E.L. DEBASE - POLICY LIMIT \$</p>	

6 **DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACCORD 101, Additional Network Schedule, if more space is required)

List the following in this box:

1. Camp Brand such as FUGE, SL, Centrikid, SL4Kids
2. Camp Location such as University or Conference Center
3. Camp Dates
4. Number of campers attending.

<p>7 CERTIFICATE HOLDER</p> <p style="text-align: center; color: red; font-weight: bold;">Must be Listed as: Lifeway Christian Resources One Lifeway Plaza Nashville, TN</p>	<p>CANCELLATION</p> <p>8 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center; color: red; font-weight: bold;">Agent's Signature or Equivalent</p> <p>9</p>
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Email COI to: