



Cinnaminson Township Public Schools

Administrative Offices

P.O. Box 224

Cinnaminson, New Jersey 08077

Tel 856-829-7600 Fax 856-786-9618

2011-2012

CERTIFICATES OF INSURANCE

A. INSURANCE REQUIREMENTS

1. Indemnification

- (a) The Vendor shall defend, indemnify and hold harmless, the Cinnaminson Township Board of Education against any and all claims, damages, loss and expenses, including any and all legal expenses incurred, arising out of or resulting from the performance of the contract. The Vendor's failure to procure and/or maintain any required insurance coverage and/or failure of the Vendor's insurance carrier to provide insurance coverage shall not relieve the Vendor of its indemnification obligations.

2. Vendor's Insurance & Limits of Liability

- (a) The Vendor shall procure and maintain in force Workers' Compensation Insurance, Employer's Liability Insurance, Comprehensive or Commercial General Liability Insurance on an occurrence basis.
- (b) Limits of Liability are as follows:
- | | |
|-----------------------|--------------------------------|
| General Liability | \$1,000,000. General Aggregate |
| | \$1,000,000. Personal Injury |
| | \$1,000,000. Each Occurrence |
| Automobile | \$1,000,000 Each Accident |
| Workers' Compensation | \$ 500,000 Aggregate |
- (c) Important! The Cinnaminson Township Board of Education must be added as an additional named insured on the certificate.

3. Sample Certificate of Insurance

A sample certificate with instructions is attached for your reference.

**CERTIFICATE OF INSURANCE
INSTRUCTIONS**

For your convenience, a *sample* certificate is attached to assist you in complying with the insurance requirements as indicated on the previous page. On this sample is indicated which sections must be completed and the number corresponding to each item, is indicated on the sample. Please present this document to your insurance producer so that the proper certificate of insurance may be submitted.

- ❶ The Producer must provide their name, address and phone number. The Producer is the person/company generating the Certificate of Liability Insurance. This can only be produced by an insurance company or a broker authorized to produce the document on behalf of the insurance company.

- ❷ The Insured is the entity covered by the insurance, also referred to as the First Party Insured. This name must exactly match the name appearing on the contract or it will not be accepted.

- ❸ The limits of liability must be listed.

- ❹ The Insurance Company/Companies affording coverage must be completed.

- ❺ The Description section must include "Cinnaminson Township Board of Education is added as an additional insured".

- ❻ The Cinnaminson Township Board of Education must be listed as the certificate holder

SAMPLE COPY

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 2/8/2011
PRODUCER Anderson Jackson Metts 856-795-4020 P.O. Box 2030 856-795-9218 Haddonfield, NJ 08033	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 ABC Specialties, Inc. P.O. Box 1235 Cinnaminson, NJ 08077	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: ACE American Insurance	
	INSURER B: Sentry Insurance	
	INSURER C: ACE Property & Casualty	
	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 ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
	GENERAL LIABILITY <input checked="" type="checkbox"/> 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"/> PRO-JECT <input type="checkbox"/> LOC	65412	1/1/2011	1/1/2012	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMPOP AGG \$												
	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	839461	1/1/2011	1/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$												
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$												
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$												
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC20056	1/1/2011	1/1/2012	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">WC STATU-TORY LIMITS</td> <td style="border: none;">OTH-ER</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">E.L. EACH ACCIDENT</td> <td style="border: none;">EA EMPLOYEE</td> <td style="border: none;">\$ 500,000</td> </tr> <tr> <td style="border: none;">E.L. DISEASE</td> <td style="border: none;">EA EMPLOYEE</td> <td style="border: none;">\$ 500,000</td> </tr> <tr> <td style="border: none;">E.L. DISEASE - POLICY LIMIT</td> <td style="border: none;"></td> <td style="border: none;">\$ 500,000</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER		E.L. EACH ACCIDENT	EA EMPLOYEE	\$ 500,000	E.L. DISEASE	EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT		\$ 500,000
WC STATU-TORY LIMITS	OTH-ER																
E.L. EACH ACCIDENT	EA EMPLOYEE	\$ 500,000															
E.L. DISEASE	EA EMPLOYEE	\$ 500,000															
E.L. DISEASE - POLICY LIMIT		\$ 500,000															

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The Cinnaminson Township Board of Education is added as an additional insured

CERTIFICATE HOLDER Cinnaminson Township Board of Education 2195 Riverton Road Cinnaminson, NJ 08077	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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
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