EXAMPLE

ACORD® CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/01/2025

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: Agent/ Broker		
Agency/ Brokerage's Name	PHONE (A/C, No. Ext): XXX-XXX-XXXX		FAX (A/C, No):
Street Address	E-MAIL ADDRESS: agent@brokerage.com		
City, State Zip Code	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : The Insurance Compnay		XXXXX
INSURED	INSURER B : Specialty Insurance Company		XXXXX
Insured's Company Name	INSURER C :		
Street Address	INSURER D :		
City, State Zip Code	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.

[Annotation box 5.] The event date(s) fall within the POLICY EFF date and the POLICY EXP date

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE X OCCUR	X			7/1/2025	7/1/2026	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY ☐ PROJECT ☐ LOC ☐ OTHER:						GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			ABC456284126	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $			DCF9514263584	7/1/2025	7/1/2026	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	HRD456284126	7/1/2025	7/1/2026	X PER STATUTE ☐ OTHER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

[Annotation box 1.] General Liability "ADDL INSD" column of the COI is marked with a "Y" or "X"

[Annotation box — right side.] Verify contract limits or limit minimums with SRM

[Annotation box 2.] Ensure the box labeled "Description of operations / locations / vehicles..." contains the verbiage: *Montana State University, its agents, officers, officials, employees, and volunteers are hereby named additional insureds as their interests may appear.*

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

Event Dates: 8/1/2025 to 8/31/2025.

Short Description: Briefly describe the project or event

Additional Insured Statement: Montana State University, its agents, officers, officials, employees, and volunteers are hereby named additional insureds as their interests may appear.

CERTIFICATE HOLDER	CANCELLATION
[Annotation box 4.] The Certificate Holder section shall read: State of Montana and Montana State University Attn: MSU Safety & Risk Management 1160 Research Drive Bozeman, MT 59718	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 *[signature]*

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[Annotation box 3.] Ensure SRM receives **a SEPERATE copy of the endorsement to the third-party contractor's policy** (NOT ON THIS COI) that names "*Montana State University, its agents, officials, employees, and volunteers are hereby named additional insureds as their interests may appear*" via endorsement to the contractor's policy.