



# City and County of Denver Consultants Certificate of Insurance

Consultants, please provide this sample certificate to your insurance agent or broker  
Certificates must mirror this sample

**Note the Additional Insured special instructions below**

**ACORD® CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)

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).

PRODUCER: Insurance Broker Name & Address  
 CONTACT NAME: \_\_\_\_\_  
 PHONE (A/C, No, Ext): \_\_\_\_\_ FAX (A/C, No): \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_  
 INSURER(S) AFFORDING COVERAGE: \_\_\_\_\_ NAIC #: \_\_\_\_\_

INSURED: Contractor's Legal Name and Address  
 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.

INSURER	TYPE OF INSURANCE	ADDL. SUBR. INSR. NO.	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$
	CLAIMS MADE					AMED EXP (Any one EA occ) \$
	OCUR					PERSONAL & ADV INJURY \$
	ADVERTISING					PERSONAL & ADV INJURY \$
	OCUR					PRODUCTS-COMM/OP ADD \$
	OCUR					COMMERCE/INDUS/OP ADD \$
	OCUR					BOODLY INJURY (Per person) \$
	OCUR					BOODLY INJURY (Per accident) \$
	OCUR					PROPERTY DAMAGE (Per accident) \$
	EXCESS LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY					WC STATUS - TORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

Contract Name/Number

As required by written contract, the City and County of Denver, its Elected and Appointed Officials, Employees and Volunteers are included as Additional Insured as respects the Commercial General Liability and Business Auto

CERTIFICATE HOLDER: City and County of Denver  
 Department of \_\_\_\_\_  
 (Address) \_\_\_\_\_ Dept. \_\_\_\_\_  
 Denver, Colorado \_\_\_\_\_

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: \_\_\_\_\_

Consultant's Legal Name →

Types of insurance required in contract →

If other insurance (Professional Liability, for example) is required, please list it here →

Only project/contract info and additional insured in this box\* →

Verify correct address & contact information →

Policy limits must be same or greater than required in the contract →

Policy start date must be prior to effective date of the contract →

\*The 'description' box must only contain project/contract detail such as the contract name and number and "As required by written contract, the City and County of Denver, its Elected and Appointed Officials, Employees and Volunteers are included as Additional Insured" with regards to the appropriate policies ONLY.

**QUALIFYING LANGUAGE SUCH AS "SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY" and "IF REQUIRED PER WRITTEN CONTRACT" CAN NOT BE ADDED.**

**DO NOT ATTACH ADDITIONAL INSURED ENDORSEMENTS OR POLICIES**

If any additional language is added to this section, the certificate will be rejected. If the requirements can not be complied with, we reserve the option to move on to another Consultant