



## CERTIFICATES OF INSURANCE

Certificates of Insurance are issued for policyholders to confirm the type of coverage purchased, the effective and expiration dates of the coverage, and the coverage limits at the time the certificate is prepared.

Contracts/agreements generally detail the insurance coverage requirements in order to enter into an agreement. It is critical to compare your Insurance Policy with the requirements of the contract/agreement. It should not be assumed that your insurance coverage automatically provides all the coverage required in a contract/agreement.

Certificates of Insurance will not be issued if the following contract terms/requirements are requested in a contract/agreement.

### Contract Terms/Requirements

\* **Primary:** Primary defines which policy will respond first when there are multiple policies that may cover the same incident. The term Primary is requested in contracts/agreements to make your policy respond first.

Endorsements may be purchased on certain policies to add or amend coverage regarding Primary policies.

\* **Noncontributory:** Noncontributory is a term that is not recognized or defined in most Commercial General Liability Policies. Noncontributory is requested in contracts/agreements to prevent their insurance policy from responding if a claim occurs.

\* **Waiver of Subrogation:** Subrogation means your insurance carrier may choose to take action to recover the amount of a claim paid if the loss was caused by a third party. Waiver of Subrogation is requested in contracts/agreements to protect their insurance policy from claim responsibility.

\* **Hold Harmless & Indemnify:** Hold Harmless means a third party does not want to be held responsible for a loss regardless of fault. Hold Harmless & Indemnify is requested in contracts/agreements to prevent their insurance policy from being held responsible if a loss occurs.

Please ensure that you review the insurance provisions of your coverage prior to signing a contract. Marsh will provide confirmation of your insurance provisions however Marsh will not provide any legal advice or opinion concerning any portion of your contract, nor attempt to identify all potential liabilities that may arise under any contract given to us.

Marsh Consumer, a Service of Seabury & Smith, Inc.  
April 2010

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Attached for your convenience is our updated Certificate of Insurance request form. Please use this version for any and all requests in the future and discard any old forms you may have on file.

Thank you for choosing Marsh US Consumer (Affinity & Private Client Solutions a Service of Seabury and Smith, Inc.).

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## Certificate of Insurance Request Form

**Are you a current, active member of your organization?**    **Yes**    **No**

**\*\*\*This Certificate request form is for professional individuals, clubs, and chapters.\*\*\***

**Name of Organization / Association:** \_\_\_\_\_

**Name / Chapter Name:** \_\_\_\_\_

**Policy Number or Client Number:** \_\_\_\_\_

**Name, Title, & Address of insured/Member Requesting Certificate:**  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**How would you like the Certificate of Insurance sent to you?**

- |   |  |
|---|--|
| <input type="checkbox"/> Fax to: Insured: ( ) - _____   | <input type="checkbox"/> Certificate Holder: ( ) - _____ |
| <input type="checkbox"/> Email to: Insured: ( ) - _____ | <input type="checkbox"/> Certificate Holder: ( ) - _____ |
| <input type="checkbox"/> Mail to: Insured: ( ) - _____  | <input type="checkbox"/> Certificate Holder: ( ) - _____ |

**1. Name of event:** \_\_\_\_\_

**2. Location of the event (Name and Address):**  
\_\_\_\_\_  
\_\_\_\_\_

**3. Date of the event/function:** \_\_\_\_\_

**4. Name of entity (including mailing address) requesting proof of liability coverage:**  
\_\_\_\_\_  
\_\_\_\_\_

# MARSH

5. Is the entity requesting to be named as an Additional Insured?  Yes  No
- Does the additional insured own the event location?  Yes  No
  - If no, please provide explanation of relationship between your club and the entity requesting the Additional Insured status:-

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6. With regards to this event is your club/group:

- Sponsoring  Yes  No
- Volunteering  Yes  No
- Participating  Yes  No

7. Please list your/your club's function and/or activities for the event (Explain exactly what your role is with respect to the event. More information is needed other than simply "sponsoring/volunteering):

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- Please explain the Additional Insured's role/actions in the event:

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- Is alcohol being served?  Yes  No
- Is food being served?  Yes  No
- Is this an athletic event?  Yes  No
- Are you using trailers / mobile equipment?  Yes  No

**\*\*\*Important-Marsh is unable to process incomplete and/or unsigned Certificate requests.\*\*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax or email your request to: Fax-515-365-3005 or Email-[plsdsteam@marshpm.com](mailto:plsdsteam@marshpm.com)