



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/28/2024

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 AGENCY NAME AGENCY ADDRESS CITY STATE ZIP	CONTACT NAME: AGENT NAME PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: <table style="width: 100%;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: INSURANCE COMPANY</td> <td>#</td> </tr> <tr> <td>INSURER B: INSURANCE COMPANY</td> <td>#</td> </tr> <tr> <td>INSURER C: INSURANCE COMPANY</td> <td>#</td> </tr> <tr> <td>INSURER D: INSURANCE COMPANY</td> <td>#</td> </tr> <tr> <td>INSURER E: INSURANCE COMPANY</td> <td>#</td> </tr> <tr> <td>INSURER F: INSURANCE COMPANY</td> <td>#</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: INSURANCE COMPANY	#	INSURER B: INSURANCE COMPANY	#	INSURER C: INSURANCE COMPANY	#	INSURER D: INSURANCE COMPANY	#	INSURER E: INSURANCE COMPANY	#	INSURER F: INSURANCE COMPANY	#
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INSURED NAMED INSURED ADDRESS															

COVERAGES**CERTIFICATE NUMBER:** CL2432868035**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
LTR	☒ COMMERCIAL GENERAL LIABILITY	Y	Y	POLICY #	01/01/2024	01/01/2025	EACH OCCURRENCE
	☐ CLAIMS-MADE ☒ OCCUR						\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	☐ POLICY ☒ PRO-JECT ☐ LOC						
	OTHER:						
LTR	AUTOMOBILE LIABILITY	Y	Y	POLICY #	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident)
	☐ ANY AUTO						\$ 1,000,000
	☒ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY						\$
	☒ HIRED AUTOS ONLY						\$
LTR	☒ UMBRELLA LIAB ☒ EXCESS LIAB	Y	Y	POLICY #	01/01/2024	01/01/2025	EACH OCCURRENCE
	☐ CLAIMS-MADE						\$ 2,000,000
	DED RETENTION \$ AMT						\$ 2,000,000
LTR	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	Y	POLICY #	01/01/2024	01/01/2025	☒ PER STATUTE ☐ OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						\$ 500,000
							\$ 500,000
LTR	Professional Liability			POLICY #	01/01/2024	01/01/2025	EACH CLAIM LIMIT
							AGGREGATE LIMIT
							\$1,000,000
							\$2,000,000

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

Division Name:

GENERAL LIABILITY:

Additional insured names: Hancock County Commissioners

30 day cancellation notice is required.

Coverage for independent contractors shall not be excluded.

Primary/Non-Contributory required.

CERTIFICATE HOLDER**CANCELLATION**

HANCOCK COUNTY COMMISSIONERS C/O myCOI

1075 Broad Ripple Ave.,

Suite 313

Indianapolis

IN 46220

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



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY AGENCY NAME		NAMED INSURED NAMED INSURED
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance: Remarks

Primary/Non-Contributory required.
Waiver of subrogation required (either blanket or specific) in favor of Hancock County Commissioners.
Contractual liability is required.
Explosion, collapse & underground damage to property must NOT be excluded.

AUTOMOBILE:

Additional insured names: Hancock County Commissioners
Primary/Non-Contributory included.
Waiver of subrogation required (either blanket or specific) in favor of Hancock County Commissioners.
30 day cancellation notice is required.

WORKERS COMPENSATION:

Waiver of subrogation required (either blanket or specific) in favor of Hancock County Commissioners.
Proprietor/Partner/Executive Office/Member must NOT be excluded.

UMBRELLA LIABILITY:

Primary/Non-Contributory included.
Waiver of subrogation required (either blanket or specific) in favor of Hancock County Commissioners.
30 day notice of cancellation required.