

State Risk Management Presents



INSURANCE BASICS FOR CONTRACTS

**PRESENTED BY
GENE B. LIDYARD**

Types of Insurance



- **Workers' Compensation**
- **Commercial General Liability**
- **Business Auto Liability**
- **Property**
- **Errors and Omissions—Professional Liability**
- **Directors and Officers Liability**
- **Employment Practices Liability**
- **Specialty Coverage**

Typical Insurance Requirements in Contracts



- **Workers Compensation including Employers Liability**
- **Commercial General Liability**
- **Business Auto Liability**

Suggested Insurance Language for Contracts

(Contractor) shall maintain at all times during this agreement insurance coverage with minimum limits as follows:

Coverage:

Limits:

Workers' Compensation
Employer's Liability

statutory
\$1,000,000 each accident
\$1,000,000 Disease each employee
\$1,000,000 Disease policy limit

Commercial General Liability
(Including Products-Completed Operations,
Contractual Liability, Personal & Advertising Injury)

\$5,000,000 each occurrence

Automobile Liability (Any auto)

\$5,000,000 combined single limit each accident

Each policy of insurance shall include a 30-day notice of cancellation. Required insurance shall be written on a form acceptable to the Risk Management Division of the Department of Central Services, and shall be underwritten by an insurance carrier with an A.M. Best rating of A- or better.

As proof of the insurance required, **(Contractor)** shall cause a **certificate of insurance** to be issued to the **(State Agency)** at the inception of this agreement showing the **(State Agency)** as the certificate holder and upon renewal of any required insurance policy during the entire term of the agreement with the **(State Agency)**.

Any combination of primary and excess insurance may be used to satisfy the limits of coverage for Commercial General Liability and Auto Liability. Also, liability requirements stated above may be satisfied by a policy of Special Events coverage so long as the **(event)** is specifically named and all dates from set-up to tear down are covered.

Should the **(Contractor)** subcontract any work under this agreement to any other party, each subcontractor shall be subject to all of the insurance requirements of this agreement and shall be required to provide proof thereof.

Coverage Limits--Just how much is needed?



- **Workers' Compensation**—look for statutory limits or above;
- **Commercial General Liability (CGL)**—no set formula, but ask yourself what could be lost if the worst happens and request limits to match the scenario; always request per occurrence limits*;
- **Business Auto Liability (AL)**—same as CGL;
- **Specialty lines of coverage**—same as CGL and AL.

(*Note: Primary limits and excess limits are acceptable as long as they add to the limits requested per occurrence.)

Primary vs. Excess vs. Umbrella



- Primary insurance is the policy that responds first to a loss up to the per occurrence limit of the policy;
- Excess insurance is the policy that provides coverage above the per occurrence limit of the primary policy and provides coverage for CGL and Auto;
- Umbrella works similarly to excess, however, it may sit above all liability coverage lines as well as other lines.

(What is important? The two policies added together must amount to the limits requested.)

Limit per Occurrence/Annual Aggregate Limit? What does all this mean?



- **Per occurrence limits**—the total amount to be paid on any 1 claim;
- **Annual Aggregate**—the total amount the policy will pay on all claims during the policy year.

Example

Primary/Excess or Umbrella



- Requested limits of \$25,000,000 each occurrence
 - Primary Layer: \$5,000,000 each occurrence/\$10,000,000 annual aggregate*

Excess/Umbrella: \$20,000,000 each occurrence

Total per occurrence limit=\$25,000,000

*Upon exhaustion of the primary layer annual aggregate, excess or umbrella will usually drop down to provide coverage; however, there a deductible may apply with the drop down.

Occurrence vs. Claims Made



Two types of insurance policies:

- 1. Occurrence—covers any claim occurring during the policy term whenever reported;**
 - An accident happened in November of 2009 and is reported today; policy term was January 1, 2009 to January 1, 2010; the claim is covered by the policy.
- 2. Claims Made—covers only claims first known and made during the policy term.**
 - Same policy dates, same accident date but it was reported to you at the time of the accident; you didn't think much about it until you received the suit papers today—you report it to the carrier; it is denied for failure to report in a timely manner. No coverage exists.

The difference is extremely important.

Certificates of Insurance?



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/09/2011

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 Marsh USA Inc. 401 S. Boston Ave., Suite 800 Tulsa, OK 74103-4010		CONTACT NAME: PHONE (A/C, Int, Ext): FAX (A/C, Int): ADDRESS: PRODUCER CUSTOMER ID #:	
3P0045-SICK_Sample_201026 INSURED Sample Sample Sample, OK 73152-3364		INSURER(S) AFFORDING COVERAGE INSURER A : None INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
		NAIC #	

COVERAGES **CERTIFICATE NUMBER:** HDL09169096L03 **REVISION NUMBER:** 0

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. INSUR. (INSR / WAIV)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		IPOLICY18D	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ X,000,000.00 MED EXP (Any one person) \$ X,000,000.00 PERSONAL & ADV INJURY \$ X,000,000.00 GENERAL AGGREGATE \$ X,000,000.00 PRODUCTS - COMP/POP AGG \$ X,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	<input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR					
	CENTL AGGREGATE LIMIT APPLIES PER					
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO <input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY		IPOLICY18D	07/01/2010	07/01/2011	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ X,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<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					
A	UMBRELLA LIAB		IPOLICY18D	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 AGGREGATE \$ X,000,000.00 \$ \$
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				
	<input type="checkbox"/> REDUCTIBLE \$					
	<input type="checkbox"/> RETENTION \$					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		IPOLICY18D	07/01/2010	07/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ X,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ X,000,000.00 E.L. LIAB/OP - PUBLIC LIMIT \$ X,000,000.00
	ANY PROP/RET OR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			
	IF YES, DISCLOSE NATURE DESCRIPTION OF OPERATIONS below					

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

CERTIFICATE HOLDER SAMPLE CERTIFICATE SAMPLE, NA 01111	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 of Marsh USA Inc.
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Certificates of Insurance?



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03/08/2011

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INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A:	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** HDL09169096L03 **REVISION NUMBER:** 0

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INSR LTR	TYPE OF INSURANCE	ADDRESSES	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		#POLICY100	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 DAMAGE TO RENTED PREMISES (Per occurrence) \$ X,000,000.00 MED EXP (Any one person) \$ X,000,000.00 PERSONAL & ADV INJURY \$ X,000,000.00 GENERAL AGGREGATE \$ X,000,000.00 PRODUCTS - COMP/POP AGG \$ X,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR					
	CENTRAL AGGREGATE LIMIT APPLIES PER POLICY: <input type="checkbox"/> PRO <input type="checkbox"/> RET <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY		#POLICY100	07/01/2010	07/01/2011	COMBINED SINGLE LIMIT (Per accident) \$ X,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<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					
A	UMBRELLA LIAB		#POLICY100	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 AGGREGATE \$ X,000,000.00 \$ \$
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> REDUCTIBLE \$ RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		#POLICY100	07/01/2010	07/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ X,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ X,000,000.00 E.L. LIAB/RET - PUBLIC LIMIT \$ X,000,000.00
	ANY PROP/RET OR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe below DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N N/A				

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

CERTIFICATE HOLDER SAMPLE CERTIFICATE SAMPLE NA 01111	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 of Marsh USA Inc.
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Certificates of Insurance?



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03/09/2011

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PRODUCER Marsh USA Inc. 401 S. Boston Ave., Suite 800 Tulsa, OK 74103-4019	CONTACT NAME: PHONE (A/C, Int, Ext): FAX (A/C, Int): ADDRESS: PRODUCER CUSTOMER ID #:
INSURER SH045-SICK_Sample_200206 Sample Sample Sample, OK 73152-3364	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : None INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** HDL09169096J03 **REVISION NUMBER:** 0

PLEASE 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.

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A	AUTOMOBILE LIABILITY		#POLICY100	07/01/2010	07/01/2011	COMBINED SINGLE LIMIT (Per accident) \$ X,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<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					
A	UMBRELLA LIAB		#POLICY100	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 AGGREGATE \$ X,000,000.00 \$ \$
	<input checked="" type="checkbox"/> EXCESS LIAB REDUCTIBLE \$ RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		#POLICY100	07/01/2010	07/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ X,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ X,000,000.00 E.L. LIAB/RET - PUBLIC LIMIT \$ X,000,000.00
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Certificates of Insurance?



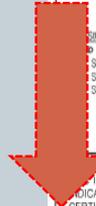
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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SICK Sample 20026 Sample Sample Sample, OK 73152-3364	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr><td>INSURER A : None</td><td></td></tr> <tr><td>INSURER B :</td><td></td></tr> <tr><td>INSURER C :</td><td></td></tr> <tr><td>INSURER D :</td><td></td></tr> <tr><td>INSURER E :</td><td></td></tr> <tr><td>INSURER F :</td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : None		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR					
	CENL AGGREGATE LIMIT APPLIES PER					
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	REDUCTIBLE \$					
	RETENTION \$					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		IFPOLICYTD	07/01/2010	07/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ X,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ X,000,000.00 E.L. LIAB/RET - PUBLIC LIMIT \$ X,000,000.00
	ANY PROP/RET OR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			
	If yes, describe below					
	DESCRIPTION OF OPERATIONS					

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INSR LTR	TYPE OF INSURANCE	ADDRESSES	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		#POLICY100	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 DAMAGE TO RENTED PREMISES (Per occurrence) \$ X,000,000.00 MED EXP (Any one person) \$ X,000,000.00 PERSONAL & ADV INJURY \$ X,000,000.00 GENERAL AGGREGATE \$ X,000,000.00 PRODUCTS - COMP/POP AGG \$ X,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>					
	CENL AGGREGATE LIMIT APPLIES PER					
	POLICY	PROJ	LOC			
A	AUTOMOBILE LIABILITY		#POLICY100	07/01/2010	07/01/2011	COMBINED SINGLE LIMIT (Per accident) \$ X,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<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					
A	UMBRELLA LIAB		#POLICY100	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 AGGREGATE \$ X,000,000.00 \$ \$
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> REDUCTIBLE \$ <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		#POLICY100	07/01/2010	07/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ X,000,000.00 <input type="checkbox"/> E.L. DISEASE - EA EMPLOYEE \$ X,000,000.00 <input type="checkbox"/> E.L. LIAB/OP - PUBLIC LIMIT \$ X,000,000.00
	ANY PROP/RET OR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe below DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N N/A				

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

CERTIFICATE HOLDER SAMPLE CERTIFICATE SAMPLE, NA 01111	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 of Marsh USA Inc.
---	---

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Certificates of Insurance?



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/09/2011

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 Marsh USA Inc. 401 S. Boston Ave., Suite 800 Tulsa, OK 74103-4010	CONTACT NAME: PHONE (A/C, Int, Ext): FAX (A/C, Int): ADDRESS: PRODUCER CUSTOMER ID #:
SPOUSE-SICK-SERIOUSLY ILL INSURED Sample Sample Sample 154	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Home INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGE **CERTIFICATE NUMBER:** HDL09169926L03 **REVISION NUMBER:** 0

THIS IS A SUMMARY OF THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE IS 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. INSUR. (INSR, WAIV)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		IFPOLICY100	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 DAMAGE TO RENTED PREMISES (Per occurrence) \$ X,000,000.00 MED EXP (Any one person) \$ X,000,000.00 PERSONAL & ADV INJURY \$ X,000,000.00 GENERAL AGGREGATE \$ X,000,000.00 PRODUCTS - COMP/POP AGG \$ X,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO <input type="checkbox"/> RET <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY		IFPOLICY100	07/01/2010	07/01/2011	COMBINED SINGLE LIMIT (Per person) \$ X,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<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					
A	UMBRELLA LIAB		IFPOLICY100	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 AGGREGATE \$ X,000,000.00 \$ \$
	<input checked="" type="checkbox"/> EXCESS LIAB REDUCTIBLE \$ RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		IFPOLICY100	07/01/2010	07/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ X,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ X,000,000.00 E.L. LIAB/OP - PUBLIC LIMIT \$ X,000,000.00
	ANY PROP/RET OR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe below DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N N/A				

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

CERTIFICATE HOLDER SAMPLE CERTIFICATE SAMPLE NA 01111	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 of Marsh USA Inc.
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Certificates of Insurance?



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/09/2011

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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 Marsh USA Inc. 401 S. Boston Ave, Suite 800 Tulsa, OK 74103-4010	CONTACT NAME: _____ PHONE (A/C, No., Ext): _____ FAX (A/C, No): _____ E-MAIL: _____ ADDRESS: _____ PRODUCER CUSTOMER ID #: _____
	INSURER(S) AFFORDING COVERAGE
INSURED Sample Sample Sample, OK 73152-3364	INSURER A: None INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____

COVERAGES **CERTIFICATE NUMBER:** HDL09169096J03 **REVISION NUMBER:** 0

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	ADDRESSES (Insur, W/O)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		#POLICY100	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 DAMAGE TO RENTED PREMISES (Per occurrence) \$ X,000,000.00 MED EXP (Any one person) \$ X,000,000.00 PERSONAL & ADV INJURY \$ X,000,000.00 GENERAL AGGREGATE \$ X,000,000.00 PRODUCTS - COMP/POP AGG \$ X,000,000.00
A	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		#POLICY100	07/01/2010	07/01/2011	COMBINED SINGLE LIMIT (Per accident) \$ X,000,000.00 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____ \$ _____
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> REDUCTIBLE <input type="checkbox"/> RETENTION \$ _____	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	#POLICY100	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 AGGREGATE \$ X,000,000.00 \$ _____ \$ _____
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY FRO/P/NO/TO/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe below DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N N/A	#POLICY100	07/01/2010	07/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ X,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ X,000,000.00 E.L. LIABILITY - PUBLIC LIMIT \$ X,000,000.00

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

CERTIFICATE HOLDER SAMPLE CERTIFICATE SAMPLE, NA 01111	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 of Marsh USA Inc.
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Certificates of Insurance?



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/09/2011

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PRODUCER Marsh USA Inc. 401 S. Boston Ave, Suite 800 Tulsa, OK 74103-4010	CONTACT NAME: PHONE (A/C, Int, Ext): FAX (A/C, Int): ADDRESS: PRODUCER CUSTOMER ID #:
INSURED Sample Sample Sample, OK 73152-3364	INSURER(S) AFFORDING COVERAGE INSURER A: Name INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER** HDL09169926L03 **REVISION NUMBER- 0**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE DESCRIBED HEREIN 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 INSR (INSR / WAIV)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		#POLICY100	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 DAMAGE TO RENTED PREMISES (Per occurrence) \$ X,000,000.00 MED EXP (Any one person) \$ X,000,000.00 PERSONAL & ADV INJURY \$ X,000,000.00 GENERAL AGGREGATE \$ X,000,000.00 PRODUCTS - COMP/POP AGG \$ X,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO <input type="checkbox"/> RET <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY		#POLICY100	07/01/2010	07/01/2011	COMBINED SINGLE LIMIT (Per accident) \$ X,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<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					
A	UMBRELLA LIAB		#POLICY100	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 AGGREGATE \$ X,000,000.00 \$ \$
	<input checked="" type="checkbox"/> EXCESS LIAB REDUCTIBLE \$ RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		#POLICY100	07/01/2010	07/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ X,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ X,000,000.00 E.L. LIAB/RET - PUBLIC LIMIT \$ X,000,000.00
	ANY PROP/RET OR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe below DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N N/A				

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

CERTIFICATE HOLDER SAMPLE CERTIFICATE SAMPLE, NA 01111	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 of Marsh USA Inc.
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Certificates of Insurance?



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/09/2011

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PRODUCER Marsh USA Inc. 401 S. Boston Ave, Suite 800 Tulsa, OK 74103-4019		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): ADDRESS: PRODUCER'S LICENSE NO.:	
INSURED Sample Sample Sample, OK 73152-3364		INSURER(S) AFFORDING COVERAGE NAIC #	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN AFFORDED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY POLICY 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	ADDITIONAL INSURER (NAIC)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		IPOLICY100	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 DAMAGE TO RENTED PREMISES (Per occurrence) \$ X,000,000.00 MED EXP (Any one person) \$ X,000,000.00 PERSONAL & ADV INJURY \$ X,000,000.00 GENERAL AGGREGATE \$ X,000,000.00 PRODUCTS - COMP/POP AGG \$ X,000,000.00
CENTRAL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO <input type="checkbox"/> RET <input type="checkbox"/> LOC						
A	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		IPOLICY100	07/01/2010	07/01/2011	COMBINED SINGLE LIMIT (Per person) \$ X,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> REDUCTIBLE <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	IPOLICY100	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 AGGREGATE \$ X,000,000.00 \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY FRO/PRO/TO/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe below DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N N/A	IPOLICY100	07/01/2010	07/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ X,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ X,000,000.00 E.L. LIAB/RET - PUBLIC LIMIT \$ X,000,000.00

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

CERTIFICATE HOLDER SAMPLE CERTIFICATE SAMPLE, NA 01111	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 of Marsh USA Inc.

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Certificates of Insurance?



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/09/2011

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PRODUCER Marsh USA Inc. 401 S. Boston Ave., Suite 800 Tulsa, OK 74103-4010		CONTACT NAME: PHONE (A/C, Int, Ext): FAX (A/C, Int): ADDRESS: PRODUCER CUSTOMER ID #:	
INSURED Sample Sample Sample, OK 73152-3364		INSURER A: Home INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** HDL09169070 **VISION NUMBER:** 0

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE CERTIFICATE HOLDER 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	ADDRESS Insr (Addr)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		#POLICY100	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 DAMAGE TO RENTED PREMISES (Per occurrence) \$ X,000,000.00 MED EXP (Any one person) \$ X,000,000.00 PERSONAL & ADV INJURY \$ X,000,000.00 GENERAL AGGREGATE \$ X,000,000.00 PRODUCTS - COMP/POP AGG \$ X,000,000.00
CENTRAL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO <input type="checkbox"/> RET <input type="checkbox"/> LOC						
A	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		#POLICY100	07/01/2010	07/01/2011	COMBINED SINGLE LIMIT (Per accident) \$ X,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	#POLICY100	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 AGGREGATE \$ X,000,000.00 \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY FRO/PRO/TO/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe below DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N N/A	#POLICY100	07/01/2010	07/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ X,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ X,000,000.00 E.L. LIAB/RET - PUBLIC LIMIT \$ X,000,000.00

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

CERTIFICATE HOLDER SAMPLE CERTIFICATE SAMPLE, NA 01111	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 of Marsh USA Inc.
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Certificates of Insurance?



CERTIFICATE OF LIABILITY INSURANCE

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03/09/2011

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PRODUCER Marsh USA Inc. 401 S. Boston Ave., Suite 800 Tulsa, OK 74103-4010	CONTACT NAME: PHONE (A/C, Int, Ext): FAX (A/C, Int): ADDRESS: PRODUCER CUSTOMER ID #:
INSURED Sample Sample Sample, OK 73152-3364	INSURER(S) AFFORDING COVERAGE INSURER A: Name INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** HDL09169096J03 **REVISION:**

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INSR LTR	TYPE OF INSURANCE	ADDRESSES (Insr, W/O)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		#POLICY100	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ X,000,000.00 MED EXP (Any one person) \$ X,000,000.00 PERSONAL & ADV INJURY \$ X,000,000.00 GENERAL AGGREGATE \$ X,000,000.00 PRODUCTS - COMP/POP AGG \$ X,000,000.00
A	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		#POLICY100	07/01/2010	07/01/2011	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ X,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	#POLICY100	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 AGGREGATE \$ X,000,000.00 \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY FIC/PROT/OP/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe below DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N N/A	#POLICY100	07/01/2010	07/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ X,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ X,000,000.00 E.L. LIAB/OP - PUBLIC LIMIT \$ X,000,000.00

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

CERTIFICATE HOLDER SAMPLE CERTIFICATE SAMPLE, NA 01111	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 of Marsh USA Inc.
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Certificates of Insurance?



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/09/2011

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INSURED Sample Sample Sample, OK 73152-3364	INSURER(S) AFFORDING COVERAGE INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** HDL09169926L03 **REVISION NUMBER:** 0

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. INSUR. (INSR / WAIV)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		IFPOLICY100	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ X,000,000.00 MED EXP (Any one person) \$ X,000,000.00 PERSONAL & ADV INJURY \$ X,000,000.00 GENERAL AGGREGATE \$ X,000,000.00 PRODUCTS - COMP/POP AGG \$ X,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	<input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR					
	CENL AGGREGATE LIMIT APPLIES PER POLICY	<input type="checkbox"/> PRO <input type="checkbox"/> RET <input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY		IFPOLICY100	07/01/2010	07/01/2011	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ X,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<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					
A	UMBRELLA LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	IFPOLICY100	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 AGGREGATE \$ X,000,000.00 \$ \$
	<input checked="" type="checkbox"/> EXCESS LIAB					
	REDUCTIBLE \$					
	RETENTION \$					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A	IFPOLICY100	07/01/2010	07/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ X,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ X,000,000.00 E.L. LIAB/RET - PUBLIC LIMIT \$ X,000,000.00
	ANY FRO/PARTNER/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)					
	IF YES, DISCLOSE NATURE DESCRIPTION OF OPERATIONS below					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) SAMPLE CERTIFICATE						



CERTIFICATE HOLDER SAMPLE CERTIFICATE SAMPLE, NA 01111	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 of Marsh USA Inc.
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Certificates of Insurance?



CERTIFICATE OF LIABILITY INSURANCE

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		NAIC #	

COVERAGES **CERTIFICATE NUMBER:** HDL09169096JY **REVISION NUMBER:** 0

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A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		#POLICY18D	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ X,000,000.00 MED EXP (Any one person) \$ X,000,000.00 PERSONAL & ADV INJURY \$ X,000,000.00 GENERAL AGGREGATE \$ X,000,000.00 PRODUCTS - COMP/POP AGG \$ X,000,000.00
CENTRAL AGGREGATE LIMIT APPLIES PER POLICY: <input type="checkbox"/> PRO, <input type="checkbox"/> RET, <input type="checkbox"/> LOC						
A	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		#POLICY18D	07/01/2010	07/01/2011	COMBINED SINGLE LIMIT (EA OCCURRENCE) \$ X,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> REDUCTIBLE <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	#POLICY18D	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 AGGREGATE \$ X,000,000.00 \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY FRO/PARTNER/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe below DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/ <input checked="" type="checkbox"/> N N/A	#POLICY18D	07/01/2010	07/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ X,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ X,000,000.00 E.L. LIAB/RET - PUBLIC LIMIT \$ X,000,000.00

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Certificates of Insurance?



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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY							
	<input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR							
	CENTL AGGREGATE LIMIT APPLIES PER							
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO	<input type="checkbox"/> BOD	<input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY				#POLICY100	07/01/2010	07/01/2011	COMBINED SINGLE LIMIT (Per person) \$ X,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<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							
A	UMBRELLA LIAB				#POLICY100	07/01/2010	07/01/2011	EACH OCCURRENCE \$ X,000,000.00 AGGREGATE \$ X,000,000.00 \$ \$
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR	<input type="checkbox"/> CLAIMS MADE					
	<input type="checkbox"/> REDUCTIBLE							
	<input type="checkbox"/> RETENTION \$							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				#POLICY100	07/01/2010	07/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ X,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ X,000,000.00 E.L. LIAB/OP - PUBLIC LIMIT \$ X,000,000.00
	ANY PROP/RET OR PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/ <input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A					
	IF YES, DISCLOSE NATURE/DESCRIPTION OF OPERATIONS BELOW							

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Contract Insurance Requirements for the State



- **Governmental Tort Claims Act—51 O.S. § 151 et seq.**
 - Similar to Commercial General Liability and Business Auto
 - Limited Liability—sovereign immunity

Suggested Insurance Language in Contracts Related to The State



The State of Oklahoma enjoys sovereign immunity as provided by the 11th Amendment of the Constitution of the United States of America. The State has adopted the doctrine of sovereign immunity under the Governmental Tort Claims Act (GTCA), 51 O.S. § 151 et seq. The State waives its immunity only to the extent of the limits of liability established in the GTCA. The Risk Management Division of the Department of Central Services provides a Self-Insured Tort Liability Program in accordance with 74 O. S. § 85.58A covering all liability risks of the State and its employees as defined under the GTCA.

Oklahoma Governmental Tort Claims Act

51 O.S. § 152 .1



The Governmental Tort Claims Act states:

A. The State of Oklahoma does hereby adopt the doctrine of sovereign immunity. The state, its political subdivisions, and all of their employees acting within the scope of their employment, whether performing governmental or proprietary functions, shall be immune from liability for torts.

B. The State, only to the extent and in the manner provided in this act, waives its immunity and that of its political subdivisions. In so waiving immunity, it is not the intent of the state to waive any rights under the Eleventh Amendment to the United States Constitution.

What do I do if the contractor offers the State Additional Insured status?



- Decline this offer.
- By listing the State as an Additional Insured, you may have waived the State's immunity up to the limits and coverage terms under the insurance—51 O.S. § 158 (C)

What do I do if the State enters a contract that requires it to name the other party as an Additional Insured?



- **The State cannot name any outside entity as an Additional Insured—
See 2007 OK AG 41 and 51 O.S. § 154 (G)**

Can the State issue Certificates of Insurance if requested?



- **The State can request a Certificate be issued by its insurance broker for commercial lines of coverage**
- **Tort liability for the State is self-insured**
- **The State does not issue traditional certificates for self-insured lines of coverage**

Sample Proof of Coverage from State



Letter from Risk Management Administrator:

Subject: Verification of Liability Insurance:

This is to confirm that all Agencies, Colleges, and Universities of the State of Oklahoma are provided with liability coverage through the State of Oklahoma Risk Management Division Program which administers a self-insurance pool for all State entities under authority of 74 O.S. § 85.58 A.

The State of Oklahoma enjoys sovereign immunity and waives its immunity only to the extent of the Governmental Tort Claims Act (GTCA) (51 O.S. § 151, et seq.) or any other statute if such statute legally raises the limits of liability above those stated in the GTCA.

Coverage under the Risk Management Program is perpetual until otherwise notified.

You should contact the Risk Management Division of the Department of Central Services if you have any questions.

Indemnification and Hold Harmless Agreements



- **The State should require these clauses in its contracts written in favor of the State.**
- **The Contractor's insurance provides the financial support for these agreements.**

Can the State agree to indemnify and hold harmless other parties ?



- **The State should not agree to indemnify or hold harmless any other party to the contract.**
- **This may limit the liability of the other party.**
- **The State does not have any financial source for paying on behalf of an outside party.**
- **Refer to 2006 OK AG 11.**

Questions—Need More Information



Contact:

Gene Lidyard

Administrator

Risk Management Division

State of Oklahoma

405-521-6051