

Certificate of Insurance Guidelines

All groups must present a complete Certificate of Insurance to Camp Hazen YMCA prior to their visit.

REQUIREMENTS (Insurance Carriers rates A- or better by A.M. Best):

1. **Camp Hazen YMCA, Inc.** must be listed as the Certificate Holder **AND** Additional Insured. The certificate for Commercial General Liability, Auto Liability and Excess Liability must name Camp Hazen YMCA, Inc. as an Additional Insured **AND** state that coverages are Primary and Non-Contributory.
2. The date(s) of the visit must be indicated in the "Description of Operations..." section; and
3. Commercial General Liability minimum of \$1,000,000 per occurrence; \$2,000,000 general aggregate. This must include proof that there is no employee injury or labor law exclusion.
4. Automobile liability coverage with limits not less than \$1 million per accident, including hired and non-owned automobile, **if applicable.**
5. Valid Workers Compensation coverage in your state, **if applicable.**
6. All policies must contain 30 days notice of cancellation or non-renewal, and be placed with insurers acceptable to Camp Hazen YMCA.

ACCEPTABLE INSURANCE CERTIFICATES

- A. An ACORD form summarizing the group's General Liability Policy (and Automobile Policy; if applicable) with the above minimums; or
- B. An ACORD form (or equivalent) summarizing the Personal Homeowners Policy (and Automobile Policy, if applicable) with the above minimums.

If your group can not supply an acceptable Certificate of Insurance:

Your group has the option of purchasing Group Rental Insurance coverage from Camp Hazen YMCA's Insurance Carrier for an additional fee. The Group Rental contract contains the minimum requirements.

* SAMPLE *



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/01/2019

PRODUCER ABC Insurance Company 123 Main Street Any Town, SA 12345	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED XYZ Group 456 Any Avenue Main Town, USA 67890	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: George Washington Insurance Company</td> <td>111111</td> </tr> <tr> <td>INSURER B: Abraham Lincoln Insurance Company</td> <td>222222</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> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: George Washington Insurance Company	111111	INSURER B: Abraham Lincoln Insurance Company	222222	INSURER C:		INSURER D:		INSURER E:	
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INSURER E:													

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	123456789	09/01/2019	09/01/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$ 2,000,000
A	X	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	012345678	09/01/2019	09/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 100,000 PROPERTY DAMAGE (Per accident) \$ 100,000
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A	X	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	2345678901	09/01/2019	09/01/2020	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 5,000,000 \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC987654321	09/02/2019	09/01/2020	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 As their interests may appear, CAMP HAZEN YMCA, INC. is named as an ADDITIONAL INSURED with regards to XYZ Group's use of the facilities for a retreat/meeting/high ropes/team building/ etc. on such and such date through another such and such date. All coverages are primary and non-contributory.

* SAMPLE *

CERTIFICATE HOLDER CAMP HAZEN YMCA, INC. 204 West Main Street Chester, CT 06412	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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