

SAMPLE CERTIFICATE OF LIABILITY INSURANCE - * = REQUIRED FIELDS

DATE (MM/DD/YY)

PRODUCER – Name and address of insurance producer
Phone number is also helpful

INSURANCE AGENT OR BROKER – Name, address and phone number of insurance agent or broker

INSURED – Sole Proprietor name OR entity name of insured **EXACTLY** as it is registered with the Oregon Secretary of State, Corporation Division. Questions? Call 503-378-4621.

THIS CERTIFICATE 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.

COMPANIES AFFORDING COVERAGE

***COMPANY**
A* INSURANCE COMPANY

COMPANY
B INSURANCE COMPANY, if applicable

COMPANY
C

COMPANY
D

COVERAGES

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 HERIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	*TYPE OF INSURANCE*	*POLICY NUMBER*	*POLICY EFFECTIVE and EXPIRATION DATES (MM/DD/YY)*	*LIMITS*	
A	GENERAL LIABILITY			GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PRODUCTS-COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR			PERSONAL&ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTORS PROT			EACH OCCURANCE	\$ 1,000,000
	<input type="checkbox"/> Contractual Liability			FIRE DAMAGE (Any one fire)	\$ N/A
				MED EXP (Any one person)	\$ N/A
				COMBINED SINGLE LIMIT	\$ N/A
	AUTOMOBILE LIABILITY			BODILY INJURY (Per person)	\$ N/A
	<input type="checkbox"/> ANY AUTOS			BODILY INJURY (Per accident)	\$ N/A
	<input type="checkbox"/> ALL OWNED AUTOS			PROPERTY DAMAGE	\$ N/A
	<input type="checkbox"/> SCHEDULED AUTOS				
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	EXCESS LIABILITY			EACH OCCURANCE	\$ N/A
	<input type="checkbox"/> UMBRELLA FORM			AGGREGATE	\$ N/A
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY			<input type="checkbox"/> WC SATU-TORY LIMITS	\$
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	<input type="checkbox"/> INCL		EL EACH ACCIDENT	\$ N/A
		<input type="checkbox"/> EXCL		EL DISEASE – POLICY LIMIT	\$ N/A
				EL DISEASE – EA EMPLOYEE	\$ N/A

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CCB license number

CERTIFICATE HOLDER - Exactly as shown below

OREGON CONSTRUCTION CONTRACTORS BOARD
PO Box 14140
Salem OR 97309-5052

CANCELLATION

SHOULD ANY OF THE ABOVE POLICIES BE CANCELLED OR MATERIALLY CHANGED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL ___ DAYS (EXCEPT 10 DAYS FOR NON-PAYMENT) WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

***AUTHORIZED REPRESENTATIVE* SIGNATURE REQUIRED**
(Electronic signature is acceptable)