


HOW TO:

Get a Certificate of Insurance (COI)

1. GET TO KNOW YOUR REQUIREMENTS

Check the email from the event organizer or find the section in your contract/agreement that lists what type of insurance they require and at what dollar amounts. It could look something like this:



- 1. General liability coverage of \$1,000,000 per occurrence and \$1,000,000 aggregate. Vender must provide a certificate of insurance showing compliance with minimum coverages that must be received prior to the effective date of the Agreement.*
- 2. Automobile liability with a combined single limit of \$1,000,000 for all owned, non-owned, and hired vehicles.*
- 3. Workers' compensation coverage of \$500,000 for bodily injury by accident. In lieu of Worker's Compensation/Employers Liability, the vendor may demonstrate that it has no covered employees by submitting Vermont Department of Labor Form 29 or another sworn statement of the vendor, subject to approval and acceptance by the City.*

2. GET A FEW INSURANCE QUOTES

Contact a few insurance companies to seek quotes and find the best insurance and price for you and your business. Here are a few local and online options:

- ACT - online insurance provider primarily for artists/makers
- FLIP - online insurance provider for food vendors
- Cheeseman Insurance
- Winooski Insurance
- Kinney Insurance

3. REQUEST YOUR COI

Once you have selected and purchased your insurance, ask your insurance provider for your COI listing the event organizer as additionally insured. If this is for the City of Burlington, make sure to request that the Description of Operations section includes the text, **"The City of Burlington is additionally insured on a primary and non-contributory basis"** and that they list the **event name, date(s), and location**. On the next page you can see an example of a correct COI and tips for reviewing for accuracy!



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Date

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 Agency Name Agency Address	CONTACT NAME:	
	PHONE (A/C, No, Ext): FAX (A/C, No):	
INSURED Vendor/Business Name	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Name of Insurance Company	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

Make sure these amounts match what is required for your event. If your insurance goes above and beyond, that's fine too!

COVERAGES CERTIFICATE NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE CERTIFICATE HOLDER. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR AGREEMENT WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ \$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$100,000
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Policy Number	Eff Date	Exp Date	MED EXP (Any one person) \$ \$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ \$1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ \$1,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG \$ \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000
	<input type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Policy Number	Eff Date	Exp Date	BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
	UMBRELLA LIAB						PROPERTY DAMAGE (Per accident) \$
	EXCESS LIAB						
	DED RETENTION						EACH OCCURRENCE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						AGGREGATE \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A	Policy Number	Eff Date	Exp Date	WC STATUTORY LIMITS OTH-ER \$
	Liquor Liability (if applicable)						E.L. EACH ACCIDENT \$ \$500,000
							E.L. DISEASE - EA EMPLOYEE \$ \$500,000
							E.L. DISEASE - POLICY LIMIT \$ \$500,000

For City events, make sure your COI has Xs in both columns here

Your policy start and end date should be listed for all lines

This is only required by the City if you have employees

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

The City of Burlington is additionally insured on a primary and non-contributory basis.

Name of event(s):
Date of event(s):
Location of event(s):

CERTIFICATE HOLDER

CANCELLATION

City of Burlington
149 Church Street
Burlington, VT 05401

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
Signed