



# City and County of Denver Contractor Certificate of Insurance

Contractors, Please provide this sample certificate to your insurance agent or broker.  
Certificates must mirror this sample.

**Note the additional insured special instructions below.**

ACORD <sup>SM</sup> CERTIFICATE OF LIABILITY INSURANCE		Clear	Save	DATE (MM/DD/YYYY) Date Cert Issued
PRODUCER Contractor's Insurance Broker Name Insurance Broker's Address Insurance Broker's Phone Number		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.		
INSURED Contractor's Legal Name Contractor's Address				INSURERS AFFORDING COVERAGE INSURER A: General Liability Insurance Carrier INSURER B: Auto Liability Insurance Carrier INSURER C: Workers' Compensation Insurance Carrier INSURER D: Professional Liability (if required) 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 LTR. INFO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PER <input type="checkbox"/> LOC	General Liability Policy Number	Policy Start Date	Policy End Date
				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EA OCCUR) \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP/AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input 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	Auto Liability Policy Number	Policy Start Date	Policy End Date
				COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY - EA ACC \$ AUTO ONLY - AGG \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY - EA ACC \$ AGG \$
	<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$			EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> <small>(If yes, describe under SPECIAL PROVISIONS below)</small>	Workers' Comp Policy Number	Policy Start Date	Policy End Date
				<input checked="" type="checkbox"/> WC STALL-TOST/LIMITS \$ 100,000 BODILY INJURY \$ E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 DISEASE - POLICY LIMIT \$ 500,000
D	<input type="checkbox"/> OTHER Professional Liability (if required in the Contract)	Professional Liability Policy Number	Policy Start Date	Policy End Date
				Occurrence and Aggregate Limits Required in the Contract
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS				
The City and County of Denver, its elected and appointed officials, employees and volunteers are named as additional insured with regards to the commercial general liability policy and the business auto liability policy.				
CERTIFICATE HOLDER		CANCELLATION		
City and County of Denver Department of Public Works 201 West Colfax, Dept. 611 Denver, Colorado 80202		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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. 10 days for non payment of premium AUTHORIZED REPRESENTATIVE Insurance Broker Signature		

Contractor's Legal Name

Types of insurance required in contract

If other insurance (Builders' Risk, Professional Liability, for example) is required, please list it here

Only project/contract info and additional insured in this box\*

Verify correct address & contact information

Policy limits must be same or greater than required in the contract

Policy start date must be prior to effective date of the contract

\*The 'description' box must only contain project/contract detail such as the contract name and number and "The City and County of Denver, its elected and appointed officials, employees and volunteers as additional insured" with regards to the appropriate policies ONLY.

**QUALIFYING LANGUAGE SUCH AS "SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY" CAN NOT BE ADDED.**

**DO NOT ATTACH ADDITIONAL INSURED ENDORSEMENTS**

If any additional language is added to this section, the certificate will be rejected. If the requirements can not be complied with, we reserve the option to move on to another contractor