

CERTIFICATE OF LIABILITY INSURANCE

DATE (08-01-2017)

PRODUCER

2

ABC Insurance Services of Oregon, Inc.
 1000 No Harm Way
 Portland, OR 97201

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 ANY POLICIES LISTED BELOW.

INSURERS AFFORDING COVERAGE

INSURED

Anytime Striping & Paving Co.
 1010 Blacktop Court
 Portland OR 97217

3

4

INSURER A: All Day Every Day Insurance Company
 INSURER B: FAST CAR Insurance Company
 INSURER C: Work Safe Insurance Company
 INSURED D: Spills R Us Insurance Company
 INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE 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 LIMIT SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
5 A	GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> _____ <input type="checkbox"/> _____ General Aggregate Limit Applies Per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Loc	GIC1234-01 6	08/01/2017 7	08/01/2018 8	EACH OCCURRENCE	\$4,000,000
					FIRE DAMAGE (Any one fire)	\$1,000,000
					MED EXP (Any One person)	\$ 10,000
					PERSONAL & ADV INJURY	\$ 100,000
					GENERAL AGGREGATE	\$8,000,000
					PRODUCTS- COMP/OP AGG	\$2,000,000
						9
10 B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	AUTO38214X 6	08/01/2017 7	08/01/2018 8	COMBINED SINGLE LIMIT (Ea accident)	\$4,000,000
					BODILY INJURY (Per person)	\$1,000,000
					BODILY INJURY (Per accident)	\$3,000,000
					PROPERTY DAMAGE (Per accident)	\$ 500,000
						11
12 A	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____	OBCIC1234-01 6	08/01/2017 7	08/01/2018 8	AUTO ONLY- EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
14 C	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	SCEI-1234-01 6	08/01/2017 7	08/01/2018 8	EACH OCCURRENCE	\$5,000,000
					AGGREGATE	\$
						\$
						\$
16 D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ELI-PKG00569 6	08/01/2017 7	08/01/2018 8	X WC STATUTORY LIMITS	OTHE R \$
					E.L. EACH ACCIDENT	\$ 500,000
					E.L. DISEASE - EA EMP	\$ 500,000
					E.L. DISEASE - POLICY	\$ 500,000
		\$1,000,000				
	OTHER: Pollution Liability					17

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

18
 19
ADDITIONAL INSURED: The State of Oregon, its officers, employees and agents as Additional Insureds but only with respect to Contractor's activities to be performed under this Contract. Coverage shall be primary and non-contributory with any other insurance and self-insurance.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER

CANCELLATION

STATE OF OREGON

21

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

20

AUTHORIZED REPRESENTATIVE

Legend of COI Document Fields

- 1 Date the COI is prepared
- 2 Producer: The insurance broker or agent who is responsible for selling the insurance.
- 3 Insured: The person or entity protected under the insurance contract.
- 4 Insurer: The insurance company that indemnifies for losses or performs other insurance-related functions.
- 5 General Liability: Marked boxes indicate the type of policy; claims-made vs. occurrence basis. General Liability is typically on an occurrence basis.
- 6 Policy Number
- 7 Policy Effective Date
- 8 Policy Expiration Date
- 9 Limits: Insurance limits and sub-limits specific to the particular policy being evidenced on the certificate.
- 10 Automobile Liability: Marked boxes indicate what type of vehicle is covered.
- 11 Automobile Liability limits for bodily injury or property damage. Limits are shown as either a combined single limit or shows separate limits by coverage category.
- 12 Excess Liability: Marked boxes indicate the type of policy; claims-made vs. occurrence basis and if there is a deductible and/or a retention amount.
- 13 Excess Liability Limits: Each occurrence amount plus an aggregate if noted.
- 14 Worker's Compensation insurance carrier.
- 15 Worker's Compensation/employers' liability insurance limits, including statutory limits as specified by law.
- 16 Other: Insurance coverage not already listed. This could include pollution, environmental, crime, etc.
- 17 Other: Limits as necessary.
- * INSR LTR: Insurance company providing coverage. See #4 for company names.
- 18 Description of Operations: This is a brief or narrow outline of the scope of work to be performed. Often times a cross-reference to the contract number is indicated here.
- 19 Additional Insured: This is where the COI will reflect any additional insureds. Oregon contract templates will require the policy to name the State of Oregon, its officers, employees and agents as additional insureds.
- 20 Cancellation Clause: Cancellation notices are sent to the certificate holder per the terms of the insurance contract. Notices will vary.
- 21 Certificate Holder – State of Oregon and your agency contact should be listed here.