

FOUNTAINDALE PUBLIC LIBRARY DISTRICT
CERTIFICATE OF INSURANCE/EXPLANATION

An original certificate of insurance form must be followed as shown, with no exceptions.
Make sure that:

1. The companies affording coverages are shown with their complete name.
2. The policy numbers and dates are correct.
3. The verbiage in the "Cancellation" box is crossed out.
4. Additional Insured Endorsement is signed and notarized.
5. Amounts of coverage are as shown on attached sample.

These requests should be easily accomplished by just giving this letter and our sample insurance certificate to your agent.

Should you have any questions, feel free to contact me.

District Purchasing Agent
Phone:

ADDITIONAL INSURED ENDORSEMENT
(To be completed by affording agent)

Name of insurer:

Named insured:

Policy Number:

Policy Period:

Endorsement Effective Date:

This endorsement modifies coverage provided under the following:

Commercial General Liability
Automobile Liability

Name of individuals or organization:

WHO IS AN INSURED section of the policy/coverage document must be amended to include as an additional non-contributory insured, the individuals or organization shown above, but only with respect to liability arising out of your work.

For purpose of this endorsement, "arising out of your work" shall mean:

- 1) Liability the Additional Insured may incur resulting from the actions of a contractor it hires.
- 2) Liability the Additional Insured may incur for negligence in the supervision of the Named Insured Contractor's work.
- 3) Liability the Insured may incur for failure to maintain safe worksite conditions.
- 4) Liability the Additional Insured may incur due to joint negligence of the Named Insured Contractor and the Additional Insured.

(Agency Name)

(Agent's Signature)

Date: _____