

Certificate of Insurance Checklist

Instructions: Use this for when an account is set up as new business and each time the account is renewed or the first time a certificate of insurance is requested.

Completed by:	Date:
Account Name:	Effective Date:
Line of Business:	Commercial General Liability Commercial Property Commercial Auto Workers Compensation Inland Marine Other: _____
Form:	Occurrence Claims Made Per Project Per Policy Per Location
Does CGL policy include: (Attach copy of the endorsement to form when policy is issued)	Blanket additional insured endorsement? Blanket waiver of subrogation? Blanket 30-Day notice of cancellation Other: _____
Does Commercial Property policy include: (Attach copy of the endorsement to form when policy is issued)	Blanket additional insured endorsement? Blanket waiver of subrogation? Blanket 30-Day notice of cancellation Other: _____
Does Commercial Auto policy include: (Attach copy of the endorsement to form when policy is issued)	Blanket additional insured endorsement? Blanket waiver of subrogation? Blanket 30-Day notice of cancellation Other: _____
Does Work Comp policy include: (Attach copy of the endorsement to form when policy is issued)	Alternate employer endorsement? Blanket waiver of subrogation? Blanket 30-Day notice of cancellation Other: _____