

## **Reviewing a Certificate of Insurance**

Upon award of contract or grant, the awardee must provide a certificate of insurance (COI) to show they meet the minimum requirements outlined in Attachment C. A COI is needed for contracts and grants, except for MOUs and Scopes of Work under Master Agreements. For contracts, additional insurance requirements may be outlined in Attachment D or other Attachments. Additional insurance requirements may include Cyber Insurance, Technology Professional Liability, Professional Liability or Contractor's Pollution Liability.

Insurance requirements should be included in the RFP, especially if additional insurance coverage is needed. It is best the awardee knows in advance about additional requirements, since it may require them to incur additional expenses for the coverage.

### **Certificate of Insurance Procedure**

Use Figure 4 to assist with reviewing the awardee's COI.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/31/2022

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 have ADDITIONAL INSURED provisions or 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  Producer's name and address	CONTACT NAME: <b>Producer's contact information</b>
	PHONE (A/C, No, Ext): E-MAIL ADDRESS:
INSURED  <b>1</b> Insured's name and address	INSURER A: The Phoenix Ins Co INSURER B: Travelers Indemnity Co INSURER C: Travelers Prop. Cas. Co. of America INSURER D: Travelers Casualty & Surety Co INSURER E: Pacific Insurance Company Ltd INSURER F:
	NAIC #
	25623
	25658
	25674
	25615

COVERAGES CERTIFICATE NUMBER: 22-23 Master Liab / JTC REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>2</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			P-630-9N221189-PHX-22	10/30/2022	10/30/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:						
<b>3</b>	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			810-9N222033-22-43-G	10/30/2022	10/30/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 1,000,000
<b>7</b>	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP-9N222948-22-43	10/30/2022	10/30/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
<b>4</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		UB-9N223195-22-43-G	10/30/2022	10/30/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
<b>9</b>	Contractors Professional/Pollution Liability			83 OH 0477896-22	10/30/2022	10/30/2023	Each Claim 3,000,000 Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Project: Pre-Sampling Building Inventory at the Cabot School, State of Vermont, Vermont Dept of Environmental Conservation Administration and Innovation Div is Additionally Insured under the General Liability (GL), Auto Liability (AL) and Umbrella Liability (UL) as required by written executed contract with the above named insured. UL follows form. Waiver of Subrogation applies in favor of the Additionally Insured with respects the Work Comp as required by written executed contract and where permitted by law. See attached endorsements. Insurance afforded by the policies described herein is subject to all the terms, exclusions, warranties and conditions of such policies.

CERTIFICATE HOLDER  State of Vermont, Vermont Dept of Environmental Conservation 1 National Life Drive  Montpelier VT 05620	CANCELLATION  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 <b>8</b> <i>Matthew D'Arcy</i>
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Figure 4. Example of an awardee's COI.

COI should be reviewed for the following items:

1. The awardee is named as the insured.
2. General Liability. Limits in coverage shall not be less than:
  - a) \$1,000,000 Each Occurrence
  - b) \$2,000,000 General Aggregate
  - c) \$1,000,000 Products/Completed Operations Aggregate
  - d) \$1,000,000 Personal & Advertising Injury
3. Automotive Liability. Limits in coverage shall not be less than:
  - a) \$500,000 combined single limit for standard work. If performance of this Agreement involves construction, or the transport of persons or hazardous materials, limits of coverage shall not be less than \$1,000,000 combined single limit.
4. Party shall carry workers' compensation insurance in accordance with the laws of the State of Vermont.
  - a) "Per Statute" marked off.
5. State of Vermont is named as additionally insured.
  - a) "Y" is present in "ADDL INSD" column  
And/Or
  - b) State is named in text box below policy information
  - c) Having the State ONLY listed in the "CERTIFICATE HOLDER" box does not meet the requirements of additionally insured.
6. Review expiration dates in "POLICY EXP" column to ensure COI is still valid. COI may have the same date for all policies or different dates.
7. An umbrella liability policy can supplement the general and automobile liability policies to meet the required coverage limits. For example, \$500,000 general liability each occurrence + \$500,000 umbrella liability each occurrence = \$1,000,000 total coverage for general liability each occurrence.
  - a) Umbrella policy CANNOT be assumed to cover Professional or Contractor's Pollution policies. Additional proof is needed from the insurance company.
8. COI has been signed.
9. Review COI for additional insurance requirements. This information is passed on by the GMS drafting the agreement. The email from Risk Management indicating any additional requirements is saved in the agreement's records.
10. If the COI does not meet the requirements, you must contact the insurance producer with a copy to the vendor to request an up-to-date copy that meets all the requirements. If there is pushback from the insurance producer or vendor, the COI and agreement scope of work is sent to Risk Management to approve any modifications to the insurance requirements.
11. Save the reviewed COI and any additional emails (from Risk Management, the insurance company, and/or awardee) as a PDF and upload it into the Accounts Payable Vendor Certificates SharePoint or your agency's sharepoint site for these documents.
  - a) Use the file naming convention "COI – [name] –[CurrentDate]."
  - b) COIs are valid until the first expiration date.
  - c) In the comments box, indicate the State of Vermont has been named as additional insured, any waivers, or additional policy information.

Excerpt from Administrative Tasks Standard Operating Procedure

Created by Renee Miller (she/her)

Program Technician/GMS Administrative Tasks

Vermont Agency of Natural Resources | Department of Environmental Conservation

Administration and Innovation Division, Grants Out