

Instructions for
Certificates of Insurance (COI)

Please find the sample Certificate(s) of Insurance (COI) following this instruction page. The sample COI is intended as a guide and outlines the insurance requirements to be evidenced based on the corresponding agreement.

Please submit the sample COI to your insurance agent or broker for review and issuance upon receipt. Your insurance representatives must validate that the insured party is in compliance with all required coverages, limits, and applicable endorsements.

Specifically, your insurance agent or broker must ensure that:

1. The sections titled **Insured** and **Certificate Holder** on the certificate reflect the legal entity names and addresses of the contracting parties. These entities should be the same as those identified in the applicable contract.
2. All lines and limits of coverage match those listed in the sample certificate, if there is a difference in requirements of the contract and the COI, please refer to the lines and limits within the contract.
3. Applicable check boxes are appropriately completed per the sample certificate.
4. All additional language identified by the sample certificate is sufficiently addressed in the **Description of Operations** section or on the **Additional Remarks Schedule** on a subsequent page of the certificate.
5. Any endorsements provided to supplement the certificate of insurance must be sufficiently completed.

Per company policy, please be advised that contracts will not be signed until all relevant insurance documents have been received and approved by Risk Management.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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 To be completed by your agent/broker	CONTACT NAME: agent/broker contact PHONE (A/C, No, Ext): XXX-XXX-XXXX FAX (A/C, No): XXX-XXX-XXXX E-MAIL ADDRESS:																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :</td> <td>Insurer 1</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td>Insurer 2</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td>Insurer 3</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td>Insurer 4</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Insurer 1		INSURER B :	Insurer 2		INSURER C :	Insurer 3		INSURER D :	Insurer 4		INSURER E :			INSURER F :	
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INSURED Contracting Party Legal Entity Name (Entity must match entity identified in contract) Mailing Address																					

COVERAGES**CERTIFICATE NUMBER:****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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	X	Policy #: xxxxxx			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	Policy #: xxxxxx			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$	X	X	Policy #: xxxxxx			EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Policy #: xxxxxx			<input checked="" type="checkbox"/> WC STATUTORY LIMITS <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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder and its affiliates are named as an additional insured where required by written contract. If the contract applies to multiple entities identified in an exhibit, the following wording must be include: "All railroad entities listed in Exhibit () of contract between Certificate Holder and Insured are included as additional insureds where required by written contract." Waiver of subrogation applies in favor of certificate holder with respect to all coverage referenced above as required by written contract. All insurance of the Insured is primary and not excess over or contributory with any insurance maintained by Certificate Holder or its affiliates. Umbrella is follow form.

CERTIFICATE HOLDER**CANCELLATION**

Contracting Party Legal Entity Name (Entity must match entity identified in contract) 252 Clayton St., 4th Fl. Denver, CO 80206	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
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