

# Accord 25 Certificate of Insurance

## **YOU WILL NEED TO CONTACT YOUR INSURANCE COMPANY AND ASK THEM TO ISSUE A CG 20 26 See SAMPLE on next page**

(Instructions for completing and submitting a certificate to the Briarcliff UFSD)

Complete the certificate of insurance with the information listed below:

- A. Certificate of Insurance date
  - B. Producer (Insurance Agency) Information -complete name, address, and telephone information
  - C. Insured's (Insurance Policy Holder) Information -complete name & address information
  - D. Insurer (name/names of insurance company)  
\*\*(The District requires all insurance companies to be **Authorized** to do business in the State-of-New York and be rated by A.M. Best with a rating of B+ (or better) Class VI (or higher) or otherwise be acceptable to the District if not rated by A. M. Best)\*\*
  - E. NAIC # (National Association of Insurance Commissioners, a # that is assigned by the State to all insurance companies)
  - F. Insurer letter represents which insurance company provides which type of coverage
  - G. General Liability Insurance Policy -must have an (x) in box
  - H. Occurrence type policy -must have an (x) in the box (occurrence policy preferred but claims made policy can be accepted with special approval)
  - I. Insurance Policy #
  - J. Insurance policy effective dates
  - K. Insurance Policy limits
- 1 Each occurrence \$1,000,000.00  
2 General Aggregate \$2,000,000.00
- L. Automobile Liability Insurance information must be completed in this section of the certificate of insurance form (if applicable)
  - M. Briarcliff UFSD must be named as an additional insured on the policy in this section
  - N. Certificate must state the department, date, and purpose as to why the certificate was provided
  - O. Briarcliff UFSD name and address information must be listed in this section
  - P. Certificate's cancellation clause must provide at least 30 days for cancellation in this section
  - Q. The certificate must be signed by the **Authorized Agent** in this section of the certificate form.

**NOTE: ONLY A PRODUCER (INSURANCE AGENCY) SHOULD  
COMPLETE & SIGN THIS FORM**