

CERTIFICATE OF LIABILITY INSURANCE INSTRUCTIONS AND SAMPLE


PLEASE FOLLOW INSTRUCTIONS (to be completed by Insurance Agent)

While, your Certificate of insurance may not be the same form as this sample, it must contain the information as indicated on this sample. The sample shows Automobile Liability and Workers' Compensation on the same certificate. Dealers who have Workers' Compensation coverage may have a separate certificate for it. Trailer-only dealers (TR) do not have to provide auto liability coverage. Review your certificate of insurance, it must have the following information.

1. **INSURED:** Exact dealership's name including the "Inc" or "LLC" if that is part of the name (include the 'dba' name) and the dealership's exact physical address.
2. **COVERAGES:** Your agent must indicate under Automobile Liability and/or Garage Liability either "any auto" OR "owned Autos only." (Both are marked in the example below, however you only need one)
3. **A. POLICY NUMBER:** Automobile liability and/or Workers' Compensation must have the policy number.
3 B. POLICY EFFECTIVE/EXPIRATION DATE: For license renewals coverage dates must include January 1st of the applicable licensing year and beyond. For a new license application, the coverage date must include the license start date.
4. **LIMITS (minimum requirements §60-534):**
 - a. \$25,00 because of bodily injury to or death of one person in any one accident and, subject to such limit for one person.
 - b. \$50,000 because of bodily injury to or death of two or more persons in any one accident.
 - c. \$25,000 because of injury to or destruction of property of others in any one accident.
5. **CERTIFICATE HOLDER:** Our Agency is a certificate holder so you **MUST** state our Agency's name and address as written on the sample below.

Pictured below is visual representation of the written requirements numbered 1 through 5 in the text above

SAMPLE

		CERTIFICATE OF LIABILITY INSURANCE			DATE (MMDD/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 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 Insurance Agency Name Street Address City, State Zip Code		CONTACT NAME: _____ FAX: _____ PHONE (A/C No. Ext): _____ (A/C No.): _____ E-MAIL: _____ ADDRESS: _____														
INSURED EXACT DEALERSHIP NAME DEALERSHIP'S PHYSICAL ADDRESS PO BOX (if applicable) CITY, STATE ZIP CODE		INSURER(S) AFFORDING COVERAGE INSURER A: Insurance Company A INSURER B: Insurance Company B INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____														
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.																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="font-size: x-small;">INSR LTR</th> <th style="font-size: x-small;">TYPE OF INSURANCE</th> <th style="font-size: x-small;">ADDL SUBR (NSD) WGD</th> <th style="font-size: x-small;">POLICY NUMBER</th> <th style="font-size: x-small;">POLICY EFF (MMDD/YYYY)</th> <th style="font-size: x-small;">POLICY EXP (MMDD/YYYY)</th> <th style="font-size: x-small;">LIMITS</th> </tr> <tr> <td style="font-size: x-small;"> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____ </td> <td style="font-size: x-small;"> <input type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY </td> <td style="font-size: x-small;"> <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ </td> <td style="font-size: x-small;"> <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below </td> <td style="font-size: x-small;"> Y/N <input type="checkbox"/> N/A </td> <td style="font-size: x-small;"> PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> </td> <td style="font-size: x-small;"> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ </td> </tr> </table>	INSR LTR	TYPE OF INSURANCE	ADDL SUBR (NSD) WGD	POLICY NUMBER	POLICY EFF (MMDD/YYYY)	POLICY EXP (MMDD/YYYY)	LIMITS	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____	<input type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> 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 <input type="checkbox"/> N/A	PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>	E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;"> <input type="checkbox"/> EACH OCCURRENCE \$ <input type="checkbox"/> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <input type="checkbox"/> MED EXP (Any one person) \$ <input type="checkbox"/> PERSONAL & ADV INJURY \$ <input type="checkbox"/> GENERAL AGGREGATE \$ <input type="checkbox"/> PRODUCTS - COMPIOP AGG \$ <input type="checkbox"/> COMBINED SINGLE LIMIT (Ea accident) \$ <input type="checkbox"/> BODILY INJURY (Per person) \$ 25,000.00 <input type="checkbox"/> BODILY INJURY (Per accident) \$ 50,000.00 <input type="checkbox"/> PROPERTY DAMAGE (Per accident) \$ 25,000.00 <input type="checkbox"/> EACH OCCURRENCE \$ <input type="checkbox"/> AGGREGATE \$ <input type="checkbox"/> RETENTION \$ </td> </tr> </table>	<input type="checkbox"/> EACH OCCURRENCE \$ <input type="checkbox"/> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <input type="checkbox"/> MED EXP (Any one person) \$ <input type="checkbox"/> PERSONAL & ADV INJURY \$ <input type="checkbox"/> GENERAL AGGREGATE \$ <input type="checkbox"/> PRODUCTS - COMPIOP AGG \$ <input type="checkbox"/> COMBINED SINGLE LIMIT (Ea accident) \$ <input type="checkbox"/> BODILY INJURY (Per person) \$ 25,000.00 <input type="checkbox"/> BODILY INJURY (Per accident) \$ 50,000.00 <input type="checkbox"/> PROPERTY DAMAGE (Per accident) \$ 25,000.00 <input type="checkbox"/> EACH OCCURRENCE \$ <input type="checkbox"/> AGGREGATE \$ <input type="checkbox"/> RETENTION \$
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1.	2.	3A. 12121212	3B.	3A. 343434	3B.	4.										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 181, Additional Remarks Schedule, may be attached if more space is required) Your agent may include the dealership's name and physical address here if not above under the 'insured' name and mailing address.																
CERTIFICATE HOLDER 5. MOTOR VEHICLE INDUSTRY LICENSING BOARD 301 CENTENNIAL MALL SOUTH PO BOX 94697 LINCOLN, NE 68509			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													