



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/9/2022

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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Sample Insurance Co.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

Outside Organization

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y					EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> 500 DED COMP <input checked="" type="checkbox"/> 1000 DED COLL							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$							\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N <input type="checkbox"/> N/A					<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
E							Occurrence	
							Aggregate	

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

Neshaminy School District included as additional insured

CERTIFICATE HOLDER

CANCELLATION

Neshaminy School District
2001 Old Lincoln Highway
Langhorne, PA 19047

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



INSURANCE REQUIREMENTS FOR NESHAMINY SCHOOL DISTRICT

All Vendors and/or Subcontractors performing services or providing materials for Neshaminy School District must supply a current Certificate of Insurance evidencing the following minimum insurance coverage:

- 1) **WORKERS COMPENSATION**, including all states coverage:
Employers Liability Limits: \$100,000 Bodily Injury (each accident),
 \$500,000 Bodily Injury (policy limit by disease),
 \$100,000 Bodily Injury (by disease, each employee).

- 2) **AUTOMOBILE LIABILITY**, including Owned, Non-Owned and Hired Vehicles
Bodily Injury: \$1,000,000 per person
 \$1,000,000 per accident
Property Damage: \$ 500,000 per accident **OR**
Bodily Injury/Property Damage: \$1,000,000 Combined (Single Limit)

- 3) **COMMERCIAL GENERAL LIABILITY**, including Premises and Operation, Independent Contractors, Products/Completed Operations, Blanket Contractual for Oral and Written Contracts and Broad Form Property Damage. (If applicable, coverage shall include the explosion (s), collapse (e) and/or underground damage (u) hazards.)

General Aggregate (Other than Products and Completed Operations): \$2,000,000
Products/Completed Operations Aggregate: \$2,000,000
Each Occurrence Bodily Injury, Property Damage, Personal & Adv. Injury: \$1,000,000
Fire Legal Liability: \$ 50,000
Medical Payments: \$ 5,000

If Vendor/Subcontractor is working directly with students, include evidence of abuse and molestation coverage.

- 4) **PROFESSIONAL LIABILITY** –(Where Applicable) Covering claims arising from acts, errors or omissions in rendering services of a professional nature in amounts not less than:
 \$1,000,000 per claim

- 5) **UMBRELLA EXCESS LIABILITY**
 \$1,000,000 Limit

- 6) **ADDITIONAL INSURED**

Neshaminy School District, its employees, subsidiaries, directors, officers, and affiliates are to be named as an Additional Insured on the Commercial General Liability and Automobile Liability policies. Coverage shall apply on a primary basis and all rights of subrogation shall be waived in favor of Neshaminy School District, its employees, subsidiaries, directors, officers, and affiliates.

All companies affording coverage must be rated no less than "A - VIII" by AM Best Company.

Certificate of Insurance issued pursuant to these requirements are to indicate the following:

1. Name and Address of Agency/Broker
2. Name and Address of Insured
3. Name and Address of Insurance Carrier
4. Effective dates and expiration dates of each policy
5. Limits of coverage and policy numbers
6. Name and address of **CERTIFICATE HOLDER**:

Finally, in the event of cancellation the Certificate Holder will require thirty (30) days advance written notice thereof.