



## How to Issue a Certificate – Uploading a Sample Certificate

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There are four different ways to initiate the certificate processing flow.

### **Selecting the ACORD form type**

This method will allow you to manually select the desired ACORD form. Certificates can be issued by selecting the required policies or by selecting a previously created certificate template.

### **Uploading a sample certificate**

This method will allow you to upload a sample certificate and add the required policies base on the sample.

### **Uploading a contract**

This method will parse an uploaded contract, scan for the insurance clause, and pull the required policies.

### **Entering insurance clause/requirements**

This method will allow you to enter the insurance requirements and pull the required policies.

---

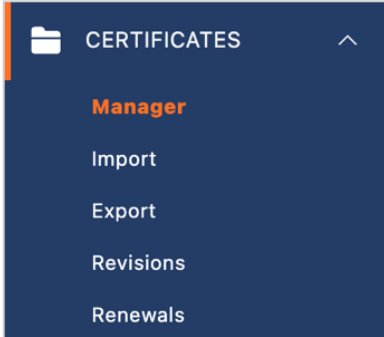
This guide will take you through how to issue a certificate by **Uploading a sample certificate**.

We will review the most common form, the **ACORD 25**.

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## Starting the Certificate Issuance Process

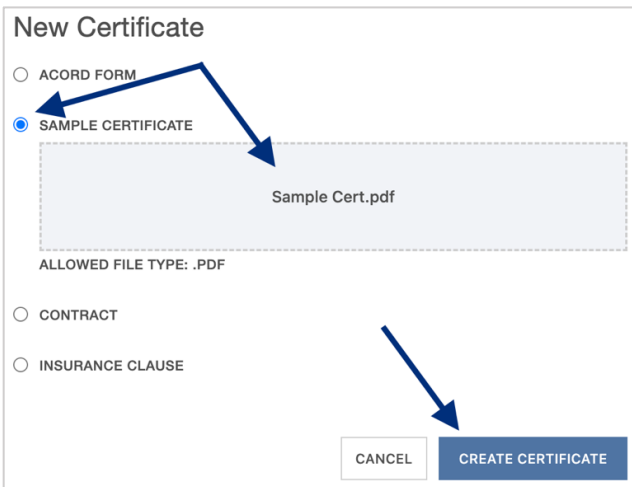
To begin, drop down “Certificates” and click “Manager”.



Within the Certificate Manager, click “Create Certificate”.



Select “Sample Certificate” and select the **sample certificate** you want to upload. Click “Create Certificate”.



This will bring you to the Certificate Editor, which is split in two sections – the COI resources on the left and a preview of the ACORD form itself on the right.

Certificate Editor

ASSIGN
DELETE
SAVE AS TEMPLATE
SAVE
REVIEW

Notes
History
CID
Sample Certificate

**INSURED NOTES**

Please send a copy of all certificates to admin@builders.com

**CERTIFICATE NOTES**

Add notes related to this certificate...

SAVE

ENDORSEMENTS
0 endorsements attached

111%
⊖
⊕

**CERTIFICATE OF LIABILITY INSURANCE**
DATE (MMDDYYYY)  
1/23/2024

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 endorsements.

**PRODUCER**

YOUR AGENCY HERE

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City, State Zip \_\_\_\_\_

**CONTACT:** Rebecca's Agency Contact

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

AG. No. Etc.: 8138100579 IAS. No.: \_\_\_\_\_

E-MAIL: rcompton@certificatishero.com

INSURER(S) AFFORDING COVERAGE \_\_\_\_\_ NAIC # \_\_\_\_\_

**INSURED**

Select Named Insured(s)

Builders, Inc.

95 Rochester Street

Teterboro, NJ 07608

INSURER A: \_\_\_\_\_

INSURER B: \_\_\_\_\_

INSURER C: \_\_\_\_\_

INSURER D: \_\_\_\_\_

INSURER E: \_\_\_\_\_

INSURER F: \_\_\_\_\_

**COVERAGES**

CERTIFICATE NUMBER: 2984

**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.



LINE	TYPE OF INSURANCE	INSURANCE CLASSIFICATION	POLICY NUMBER	POLICY EFF. DATE	POLICY EXPI. DATE	LIMITS
<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>	Add Policy			EACH OCCURRENCE
						TOWERS TO RENTED
						PREMIUM \$ (2A, 2000/PERSON)
						LIMIT \$P AND \$PP (PER PERSON)
<input type="checkbox"/>	SEMI-AGGREGATE LIMIT APPLIES PER	POLICY <input type="checkbox"/> AGG <input type="checkbox"/> LOC <input type="checkbox"/>				PERSONAL & ADV INJURY
						GENERAL AGGREGATE
<input type="checkbox"/>	AUTOMOBILE LIABILITY	ANY AUTO <input type="checkbox"/> SCHEDULED <input type="checkbox"/>	Add Policy			COBESSED SINGLE LIMIT
						OWNED <input type="checkbox"/> AUTO <input type="checkbox"/> SCHEDULED <input type="checkbox"/>
<input type="checkbox"/>	UMBRELLA LIAB	Add Policy				BODILY INJURY (Per accident)
						PROPERTY DAMAGE
						PER ACCIDENT

The certificate preview on the right provides a real-time display of any additions and edits you make to a certificate.

The **GREY** selectors indicate areas on the certificate that you can interact with and modify.

You can customize or modify your certificate of insurance by choosing any of the following grey selectors:

- Agency contact name, number, and email
- Named Insured
- Certificate policies
- Description of Operations
- Certificate Holder
- Signature

		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 12/28/2023															
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.																			
<b>IMPORTANT:</b> 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).																			
<b>PRODUCER</b> Highpoint Insurance Group, LLC. 4300 FM 2351 Friendswood, TX 77546		<b>CONTACT NAME:</b> Marcelo S <b>PHONE (A/C, No, Ext):</b> (305) 343-6023 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> marce.scaglione@gmail.com  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 30%;">NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>				INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #																		
INSURER A :																			
INSURER B :																			
INSURER C :																			
INSURER D :																			
INSURER E :																			
INSURER F :																			
<b>INSURED</b> Blackhawk Measurement Consulting, LLC PO BOX 248 Wickett, TX 79788		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Select Named Insured(s)</b></td> </tr> </table>				<b>Select Named Insured(s)</b>													
<b>Select Named Insured(s)</b>																			
<b>COVERAGES</b>		<b>CERTIFICATE NUMBER:</b> 4546350		<b>REVISION NUMBER:</b>															
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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS													
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		<b>Add Policy</b>			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$													
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		<b>Add Policy</b>			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$													
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$		<b>Add Policy</b>			EACH OCCURRENCE \$ AGGREGATE \$ \$													
	<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	N / A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$													
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																			
					<b>Edit Description of Operations</b>														
<b>CERTIFICATE HOLDER</b>			<b>CANCELLATION</b>																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Select/Add Holder</b></td> </tr> </table>			<b>Select/Add Holder</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.															
<b>Select/Add Holder</b>																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Sign Here</b></td> </tr> </table>			<b>Sign Here</b>	AUTHORIZED REPRESENTATIVE 															
<b>Sign Here</b>																			

When a sample certificate is uploaded, a copy of the sample certificate you just uploaded will be available for reference within the **Sample Certificate** tab of the COI resources.

## Certificate Editor

Notes History CID **Sample Certificate**



ACORD®		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)		
				1/19/2024		
<p><b>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.</b></p> <p><b>IMPORTANT:</b> 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).</p>						
<b>PRODUCER</b> YOUR AGENCY HERE Address Line 1 Address Line 2 City, State Zip		<b>CONTACT</b> NAME: Rebecca's Agency Contact PHONE: 8138100579 FAX: (AG, 70): E-MAIL: rtompkins@certificatehero.com ADDRESS: INSURER(S) AFFORDING COVERAGE: NAIC # INSURER A: CNA Insurance Companies 14063 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:				
<b>INSURED</b>						
Builders, Inc. 95 Rochester Street Teterboro, NJ 07608						
<b>COVERAGES</b>		<b>CERTIFICATE NUMBER: 2890</b>		<b>REVISION NUMBER:</b>		
<p>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.</p>						
REF. LTR	TYPE OF INSURANCE	ADSL, SUBR, INSD, WVD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	GL9120	09-01-2020	09-01-2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 50,000 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
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	CAU9120	09-01-2020	09-01-2021	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE DED. RETENTION \$	<input checked="" type="checkbox"/>	EXCESS9120	09-01-2020	09-01-2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	OOSWC9120	09-01-2020	09-01-2021	<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
See next page...						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						

## Updating the Agency Contact

Within the contact section of the certificate, click “Select Contact”.

uch endorsement(s).		<b>Select Contact</b>
CONTACT NAME:	Kristin Collins	
PHONE (A/C, No, Ext):	1-800-HERO	FAX (A/C, No):
E-MAIL ADDRESS:	kcollins@certificatehero.com	

You will now be able to update the contact within the Certificate Editor.

Certificate Editor

Notes History CID **Contact**

CONTACT [EDIT EXISTING](#) [+ ADD NEW](#)

Kristin Collins ×

## Selecting an Existing Agency Contact

To select an existing contact, click the contact’s name.

Certificate Editor

Notes History CID **Contact**

CONTACT [EDIT EXISTING](#) [+ ADD NEW](#)

Kristin Collins ×

You can scroll through the list of the existing contacts...

Certificate Editor

Notes History CID **Contact**

CONTACT [EDIT EXISTING](#) [+ ADD NEW](#)

Choose a contact...

- Rebecca's Agency Contact (Default)
- Agency Contact
- Kristin Collins

...Or type ahead to find the name of the contact you would like to select.

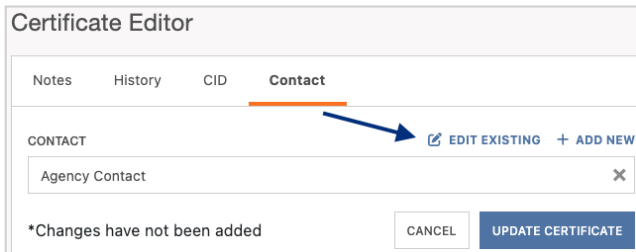
CONTACT [EDIT EXISTING](#) [+ ADD NEW](#)

agency CONTACT

**AGENCY CONTACT**


## Edit an Existing Agency Contact

To edit an existing contact, select the desired contact name and click “Edit Existing”.



Certificate Editor

Notes History CID **Contact**

CONTACT  EDIT EXISTING + ADD NEW

Agency Contact

\*Changes have not been added

Within the edit form, proceed with the revisions and click “Save”.



Edit Agency Contact

NAME

AGENCY CONTACT

SHOW NAME ON CERT

PHONE

AGENCY PHONE

FAX

Enter fax

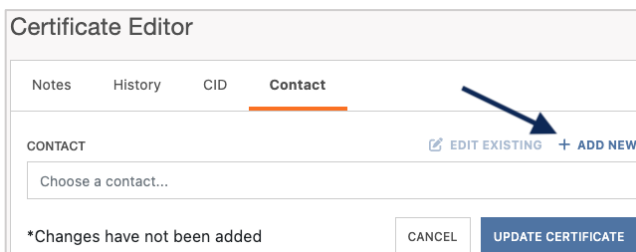
E-MAIL

AGENCY EMAIL

DEFAULT CONTACT


## Adding a New Agency Contact

To add a new contact, click “Add New”.



Certificate Editor

Notes History CID **Contact**

CONTACT  EDIT EXISTING + ADD NEW

Choose a contact...

\*Changes have not been added



Within the create form, fill out the applicable fields and click “Save”.

### Create Agency Contact ✕

**NAME**  
Agency Contact

**SHOW NAME ON CERT**

**PHONE**  
(555) 555-5555

**FAX**  
(555) 555-4444

**E-MAIL**  
agencycontact@agencyemaildomain.com

**DEFAULT CONTACT**

Once you have selected, revised, or added an Agency Contact, click “Update Certificate” to reflect the change on the certificate.

### Certificate Editor

Notes History CID **Contact**

CONTACT

Agency Contact

\*Changes have not been added

The Agency Contact on the certificate has been updated:

Select Contact	
<b>CONTACT NAME:</b> Agency Contact	
<b>PHONE (A/C, No, Ext):</b> (555) 555-5555	<b>FAX (A/C, No):</b> (555) 555-4444
<b>E-MAIL ADDRESS:</b> agencycontact@agencyemaildomain.com	

[Back to Top](#)

## Updating the Named Insured

Within the Insured section of the certificate, click “Select Named Insured(s)”.

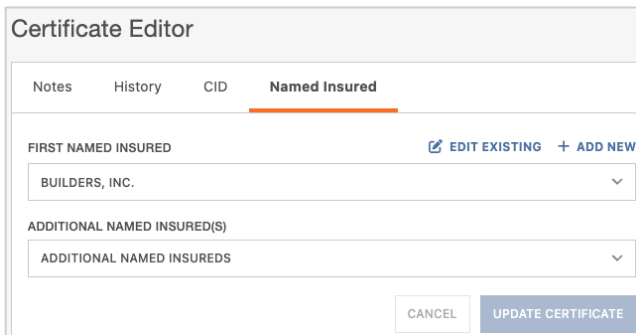


INSURED

Builders, Inc.  
95 Rochester Street  
Teterboro, NJ 07608

Select Named Insured(s)

You will now be able to update the Named Insured within the Certificate Editor.



Certificate Editor

Notes History CID **Named Insured**

FIRST NAMED INSURED [EDIT EXISTING](#) + [ADD NEW](#)

BUILDERS, INC.

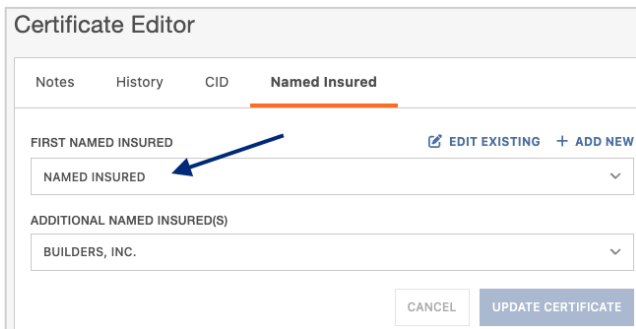
ADDITIONAL NAMED INSURED(S)

ADDITIONAL NAMED INSUREDS

CANCEL UPDATE CERTIFICATE

## Selecting an Existing Named Insured

To select an existing Named Insured, click the First Named Insured.



Certificate Editor

Notes History CID **Named Insured**

FIRST NAMED INSURED [EDIT EXISTING](#) + [ADD NEW](#)

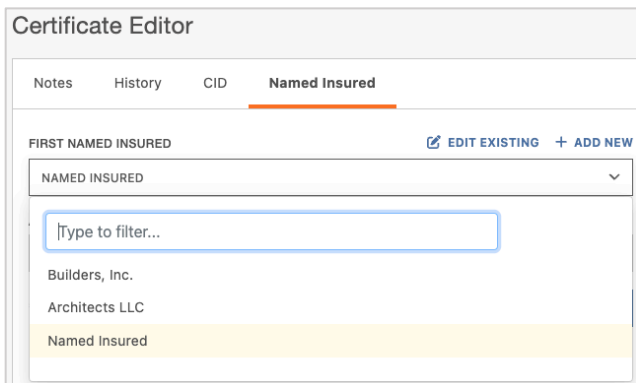
NAMED INSURED

ADDITIONAL NAMED INSURED(S)

BUILDERS, INC.

CANCEL UPDATE CERTIFICATE

You can scroll through the list of the existing Named Insureds...



Certificate Editor

Notes History CID **Named Insured**

FIRST NAMED INSURED [EDIT EXISTING](#) + [ADD NEW](#)

NAMED INSURED

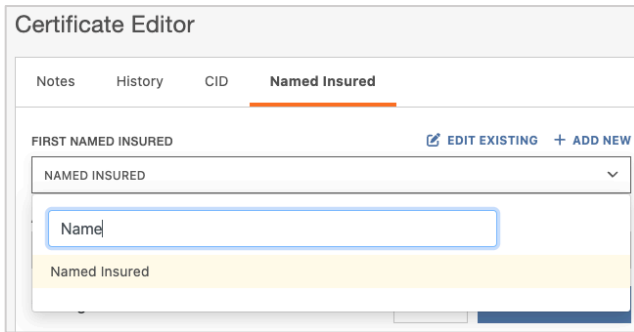
Type to filter...

Builders, Inc.

Architects LLC

Named Insured

...Or type ahead to find the Named Insured you would like to select.



Certificate Editor

Notes History CID **Named Insured**

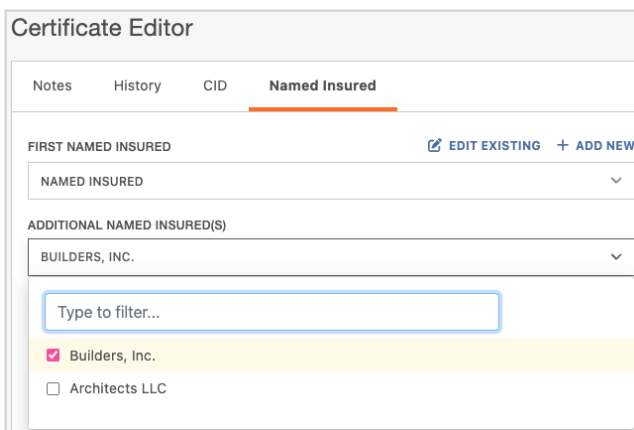
FIRST NAMED INSURED [EDIT EXISTING](#) [+ ADD NEW](#)

NAMED INSURED

Name

Named Insured

You can also add Additional Named Insured(s) to be reflected on the certificate. Click on the “Additional Named Insured(s)” dropdown and selected the additional Named Insured(s) you’d like shown.



Certificate Editor

Notes History CID **Named Insured**

FIRST NAMED INSURED [EDIT EXISTING](#) [+ ADD NEW](#)

NAMED INSURED

ADDITIONAL NAMED INSURED(S)

BUILDERS, INC.

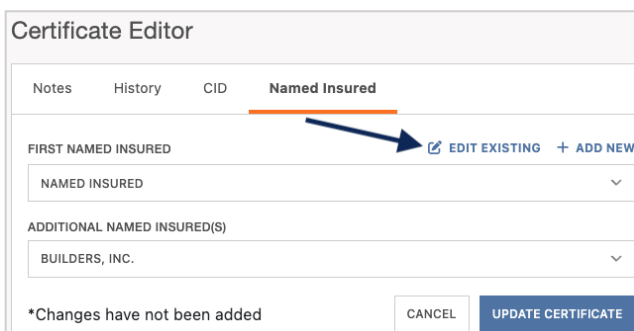
Type to filter...

Builders, Inc.

Architects LLC

## Edit an Existing Named Insured

To edit an existing Named Insured, select the desired entity and click “Edit Existing”.



Certificate Editor

Notes History CID **Named Insured**

FIRST NAMED INSURED [EDIT EXISTING](#) [+ ADD NEW](#)

NAMED INSURED

ADDITIONAL NAMED INSURED(S)

BUILDERS, INC.

\*Changes have not been added

[CANCEL](#) [UPDATE CERTIFICATE](#)

Within the edit form, proceed with the revisions and click “Save”.

**Edit Named Insured**

NAME  
Named Insured

INSURED STREET ADDRESS  
123 Main Street  
Enter primary address cont'd

CITY  
Anywhere

STATE  
CA

ZIP CODE  
90210

SHOW PREVIEW CANCEL SAVE

**Please Note:** To edit any Additional Named Insureds, follow these same steps.

### Adding a New Named Insured

To add a new Named Insured, click “Add New”.

**Certificate Editor**

Notes History CID **Named Insured**

FIRST NAMED INSURED [EDIT EXISTING](#) **+ ADD NEW**  
BUILDERS, INC.

ADDITIONAL NAMED INSURED(S)  
ADDITIONAL NAMED INSUREDS

CANCEL UPDATE CERTIFICATE

Within the create form, fill out the applicable fields and click “Save”.

**Create Named Insured**

NAME  
Named Insured

INSURED STREET ADDRESS  
123 Main Street  
Enter primary address cont'd

CITY  
Anywhere

STATE  
CA

ZIP CODE  
90210

SHOW PREVIEW CANCEL SAVE

Once you have selected, revised, or added a Named Insured, click “Update Certificate” to reflect the change to the certificate.

Certificate Editor

Notes History CID **Named Insured**

FIRST NAMED INSURED [EDIT EXISTING](#) + ADD NEW

NAMED INSURED

ADDITIONAL NAMED INSURED(S)

BUILDERS, INC.

\*Changes have not been added

CANCEL UPDATE CERTIFICATE

The First Named Insured on the certificate has been updated:

INSURED	Select Named Insured(s)
Named Insured 123 Main Street Anywhere, CA 90210	

Any Additional Named Insured(s) will show in the Description of Operation:

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES
Additional Named Insureds: Builders, Inc.

[Back to Top](#)

## Updating the Policies

Within the Policies section of the certificate, click “Add Policy” for the policy you want to add to the certificate.

TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY			<b>Add Policy</b>			EACH OCCURRENCE \$
<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
OTHER:						\$

This will take you to the Line of Business (LOB) editor within the certificate editor. On the far left of this section you can switch through various LOBs to add to the certificate. You can also select existing LOB profiles or add new LOBs profiles.

### Line of Business

**General Liability**  
Automotive  
Umbrella  
Workers Comp  
ADD LOB

CHOOSE PROFILE  
NO PROFILE

COMMERCIAL GENERAL LIABILITY  
 CLAIMS-MADE BASIS  
 COVERAGE A  
 COVERAGE B  
 PER POLICY  
 PER OTHER

OCCURRENCE BASIS  
Coverage A Name  
Coverage B Name  
 PER PROJECT  
Other Name

Certificate Only Field  
 ADDITIONAL INSURED  
Certificate Only Field  
 WAIVER OF SUBROGATION

EXPIRATION DATE

DESCRIPTION

EACH OCCURRENCE LIMIT Value  
DAMAGE TO RENTED PREMISES LIMIT Value  
MEDICAL EXPENSE Value  
PERSONAL & ADVERTISING LIMIT Value  
GENERAL AGGREGATE LIMIT Value  
PRODUCTS - COMP/OP AGGREGATE LIMIT Value  
Coverage Name Value

EDIT EXISTING + ADD NEW

CANCEL SAVE

## Selecting an Existing Policy LOB

To add an existing LOB, click the “Choose Profile” dropdown and select the policy you would like to add.

### Line of Business

**General Liability**  
Automotive  
Umbrella  
Workers Comp

CHOOSE PROFILE  
NO PROFILE  
No Profile  
2020 GL (Default) - 20-21 General Liability  
HIDE EXPIRED

This will populate the data from your Agency Management System (AMS).

**Line of Business**

General Liability

Automotive

Umbrella

Workers Comp

ADD LOB

CHOOSE PROFILE

2020 GL (DEFAULT) - 20-21 GENERAL L...

EDIT EXISTING + ADD NEW

POLICY NUMBER	POLICY NAME	EFFECTIVE DATE	EXPIRATION DATE	DESCRIPTION
GL9120	20-21 General Liability	09-01-2020	09-01-2021	

AMS Value: Checked  
 COMMERCIAL GENERAL LIABILITY

AMS Value: Unchecked  
 CLAIMS-MADE BASIS

AMS Value: Unchecked  
 COVERAGE A

AMS Value: Unchecked  
 COVERAGE B

AMS Value: Unchecked  
 PER POLICY

AMS Value: Unchecked  
 PER OTHER

Certificate Only Field  
 ADDITIONAL INSURED

Certificate Only Field  
 WAIVER OF SUBROGATION

AMS Value: Not Found  
Coverage A Name

AMS Value: Not Found  
Coverage B Name

AMS Value: Unchecked  
 PER PROJECT

AMS Value: Unchecked  
 PER LOCATION

AMS Value: Not Found  
Other Name

EACH OCCURRENCE LIMIT  
AMS Value: 1,000,000  
1,000,000

DAMAGE TO RENTED PREMISES LIMIT  
AMS Value: 50,000  
50,000

MEDICAL EXPENSE  
AMS Value: 5,000  
5,000

PERSONAL & ADVERTISING LIMIT  
AMS Value: 1,000,000  
1,000,000

GENERAL AGGREGATE LIMIT  
AMS Value: 2,000,000  
2,000,000

PRODUCTS - COMP/OP AGGREGATE LIMIT  
AMS Value: 2,000,000  
2,000,000

Coverage Name Value

CANCEL SAVE

You can either select the next LOB on the left to add to the certificate...

**Line of Business**

General Liability

**Automotive**

Umbrella

Workers Comp

ADD LOB

CHOOSE PROFILE

NO PROFILE

No Profile

2020 CAU (Default) - 20-21 Auto Liability

HIDE EXPIRED

**Line of Business**

General Liability

Automotive

**Umbrella**

Workers Comp

ADD LOB

CHOOSE PROFILE

NO PROFILE

No Profile

2020 CUB (Default) - 20 -21 Excess Liability

2020 EXE \$1mil - 20 -21 Excess Liability

HIDE EXPIRED

**Line of Business**

General Liability

Automotive

Umbrella

**Workers Comp**

ADD LOB

CHOOSE PROFILE

NO PROFILE

No Profile

2020 WC (Default) - 20-21 WC OOS (NH, CT, RI)

HIDE EXPIRED

...Or click "Save" in the lower right of the LOB editor to finish adding the selected policy(ies) to the certificate.



## Editing an Existing Policy LOB

**Please Note:** While you are *unable to increase the limits* pulled from your AMS to show on the certificate, you *can update to show a lower limit*.

To edit an existing LOB, within the LOB editor click "Edit Existing".



This will ensure the values are no longer greyed out and are ready for you to edit. Proceed with the revisions.

**Please Note:** Any changes you make to the LOB within the Certificate Manager will *update not just the certificate*, but the LOB across the board.

POLICY NUMBER	POLICY NAME	EFFECTIVE DATE	EXPIRATION DATE	DESCRIPTION
GL9120	20-21 General Liability	09-01-2020	09-01-2021	

AMS Value: Checked  
 COMMERCIAL GENERAL LIABILITY

AMS Value: Unchecked  
 CLAIMS-MADE BASIS

AMS Value: Unchecked  
 COVERAGE A

AMS Value: Unchecked  
 COVERAGE B

AMS Value: Unchecked  
 PER POLICY

AMS Value: Unchecked  
 PER OTHER

AMS Value: Checked  
 OCCURRENCE BASIS

AMS Value: Not Found  
Coverage A Name

AMS Value: Not Found  
Coverage B Name

AMS Value: Unchecked  
 PER PROJECT

AMS Value: Unchecked  
 PER LOCATION

AMS Value: 1,000,000  
EACH OCCURRENCE LIMIT: 500,000

AMS Value: 50,000  
DAMAGE TO RENTED PREMISES LIMIT: 50,000

AMS Value: 5,000  
MEDICAL EXPENSE: 5,000

AMS Value: 1,000,000  
PERSONAL & ADVERTISING LIMIT: 1,000,000

AMS Value: 2,000,000  
GENERAL AGGREGATE LIMIT: 2,000,000

AMS Value: 2,000,000  
PRODUCTS - COMP/OP AGGREGATE LIMIT: 2,000,000

Coverage Name: [X] Value

\*Example: \$1,000,000 AMS value edited to \$500,000

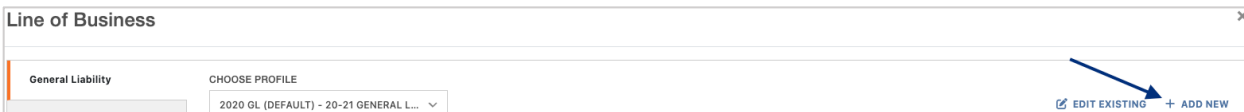


After your edits are complete, click “Save” in the lower right of the LOB editor to add the revised policy(ies) to the certificate.



## Adding a New Policy LOB

Don't see the policy you want to show on the certificate? Add a new LOB while issuing a certificate by clicking “Add New”.



This will allow you to create a new LOB Profile right from within the certificate editor, without having to leave your certificate and entering the policies.

**Please Note:** While you are *unable to increase the limits* pulled from your AMS to show on the certificate, you *can update to show a lower limit* on this screen.

The ACORD Form type will already be selected determined by the ACORD form you selected at the beginning of the process.

### Create General Liability LOB Profile

ACORD FORM  
ACORD 25

POLICY

LOB TYPE

LOB TYPE NAME

PROFILE NAME

SET AS DEFAULT

Select the desired policy from the Policy drop down.

**Create General Liability LOB Profile**

ACORD FORM  
ACORD 25

POLICY  
(2020-09-01) GL9120 20-21 General Liability

HIDE EXPIRED

LOB TYPE NAME

After selecting the policy, the LOB Type and LOB Type Name will pre-populate.

Enter a name for the LOB profile you are creating.

**Create General Liability LOB Profile**

ACORD FORM  
ACORD 25

POLICY  
(2020-09-01) GL9120 20-21 GEN...

LOB TYPE  
GL

LOB TYPE NAME  
General Liability

PROFILE NAME  
2020 Sample GL

SET AS DEFAULT

AMS Value: Cr  
 COMMERCIA

AMS Value: Ur  
 CLAIMS-MAD

AMS Value: Ur  
 COVERAGE A

AMS Value: Ur  
 COVERAGE E

AMS Value: Ur  
 PER POLICY

AMS Value: Ur

Review and confirm the data pulled from the AMS.

When ready to select to add the new policy to the certificate, click “Save” in the lower right of the LOB editor to update the data on the certificate.



### Additional Insured and/or Waiver of Subrogation Boxes

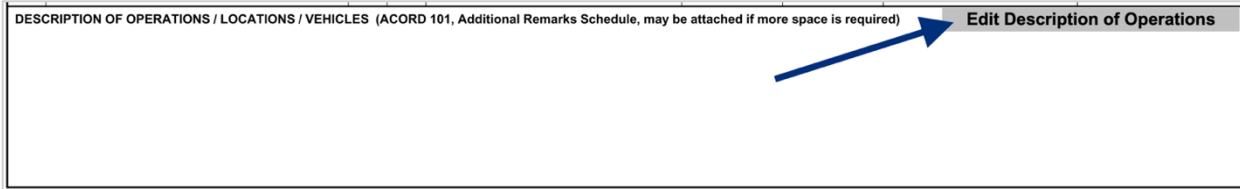
If you need to check the Additional Insured and/or Waiver of Subrogation boxes, you can do so while within the LOB editor. Select the policy, check the Additional Insured and/or Waiver of Subrogation boxes, and click “Save”.

The selected policies and any applicable revisions or additions are now reflected on the certificate:

COVERAGES		CERTIFICATE NUMBER: 2638			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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	GL9120	09-01-2020	09-01-2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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 \$
A	<b>AUTOMOBILE LIABILITY</b> <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				CAU9120	09-01-2020	09-01-2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$				EXCESS9120	09-01-2020	09-01-2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A	OOSWC9120	09-01-2020	09-01-2021	<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

## Updating the Description of Operations

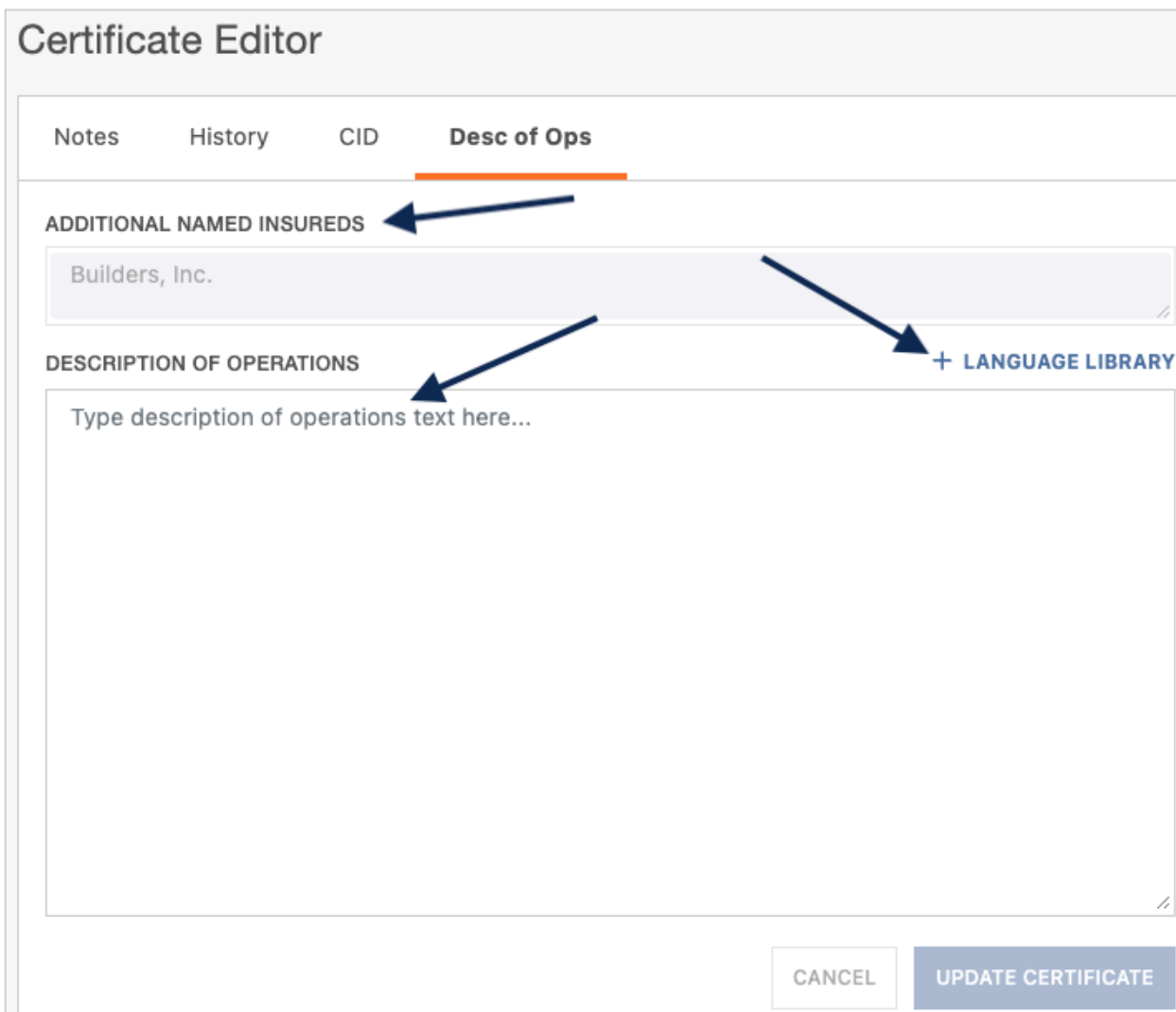
To add verbiage to your Description of Operations (DOO), click “Edit Description of Operations”.



You will now be able to update the DOO verbiage within the Certificate Editor.

**Please Note:** Any previously selected Additional Named Insureds will be reflected in the “Additional Named Insureds” box, indicating this will be present in the DOO as well.

You can either select previously entered verbiage templates from the Language Library, or manually enter the verbiage in the free form DOO box.

A screenshot of the "Certificate Editor" interface. At the top, there are tabs: "Notes", "History", "CID", and "Desc of Ops". The "Desc of Ops" tab is selected and highlighted with an orange underline. Below the tabs, there are two main sections. The first section is titled "ADDITIONAL NAMED INSUREDS" and contains a text box with the text "Builders, Inc.". A blue arrow points from the "ADDITIONAL NAMED INSUREDS" label to the text box. The second section is titled "DESCRIPTION OF OPERATIONS" and contains a large text area with the placeholder text "Type description of operations text here...". A blue arrow points from the "DESCRIPTION OF OPERATIONS" label to the text area. To the right of the "DESCRIPTION OF OPERATIONS" section, there is a button labeled "+ LANGUAGE LIBRARY". A blue arrow points from the "+ LANGUAGE LIBRARY" button to the "DESCRIPTION OF OPERATIONS" section. At the bottom right of the interface, there are two buttons: "CANCEL" and "UPDATE CERTIFICATE".

## Language Library

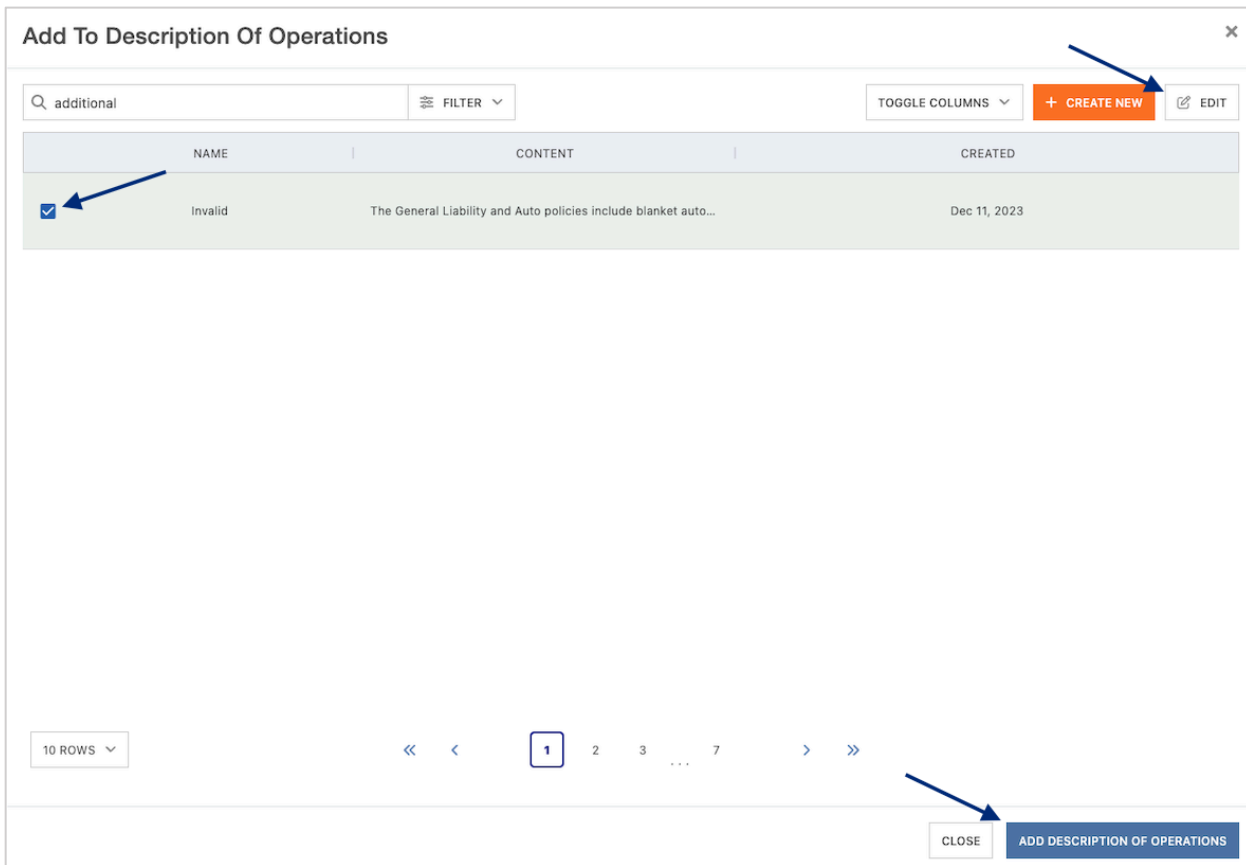
To view your verbiage templates, click “Language Library”.



You can search for your desired language library template by scrolling through the existing entries, or by utilizing the type ahead search bar at the top.

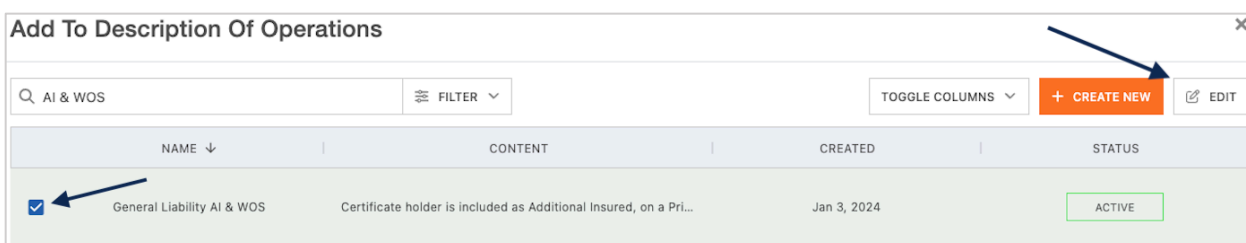
Once you found the language you want to add, check the box on the far left.

From here you can either edit that existing template or add to the DOO.



## Editing Language Library Template

To add an existing Language Library template, ensure the template you want to edit is checked and click “Edit”.



Within the edit form, proceed with the revisions and click “Save”.

**Edit Language**

NAME \*

General Liability AI & WOS

CONTENT \*

Editing this Template

Certificate holder is included as Additional Insured, on a Primary and Non-contributory basis, as respects the General Liability, including ongoing and completed operations, if required by written contract.

Waiver of Subrogation applies in favor of the Additional Insured as respects the General Liability, if required by written contract.

CANCEL SAVE

## Create a New Language Library Template

To create a new Language Library template, click “Create New”.

**Add To Description Of Operations**

Q GL FILTER

TOGGLE COLUMNS + CREATE NEW

	NAME ↓	CONTENT	CREATED	STATUS
<input type="checkbox"/>	GL (AI PnC WOS)	Certificate holder is included as additional insured, on a pri...	Jun 1, 2022	ACTIVE

Within the create form, fill out the applicable fields and click “Save”.

**Create Language**

NAME \*

General Liability AI & WOS

CONTENT \*

Certificate holder is included as Additional Insured, on a Primary and Non-contributory basis, as respects the General Liability, including ongoing and completed operations, if required by written contract.

Waiver of Subrogation applies in favor of the Additional Insured as respects the General Liability, if required by written contract.

CANCEL SAVE

Once you have selected, revised, or added a template, ensure the template is checked and click “Add Description of Operations”.

**Add To Description Of Operations** ✕

Q GL FILTER TOGGLE COLUMNS + CREATE NEW EDIT

NAME ↓	CONTENT	CREATED	STATUS
<input checked="" type="checkbox"/> GL (AI PnC WOS)	Certificate holder is included as additional insured, on a pri...	Jun 1, 2022	ACTIVE

10 ROWS << < 1 > >>

CLOSE ADD DESCRIPTION OF OPERATIONS

After you’ve finished adding all language from the library, click “Close”.

CLOSE ADD DESCRIPTION OF OPERATIONS



The Description of Operations also allows for free form edits. You can manually type out the DOO verbiage or include additional verbiage to a template added from the Language Library.

## Certificate Editor

Notes   History   CID   **Desc of Ops**

**ADDITIONAL NAMED INSUREDS**

Builders, Inc.

**DESCRIPTION OF OPERATIONS** [+ LANGUAGE LIBRARY](#)

**(FREE FORM VERBIAGE)**  
Project #: 123456

Certificate holder is included as Additional Insured, on a Primary and Non-contributory basis, as respects the General Liability, including ongoing and completed operations, if required by written contract.

Waiver of Subrogation applies in favor of the Additional Insured as respects the General Liability, if required by written contract.

\*Changes have not been added

CANCEL   **UPDATE CERTIFICATE**

Once you have reviewed the verbiage to be referenced on the certificate, click “Update Certificate” to reflect the change to the certificate.

### Certificate Editor

Notes   History   CID   **Desc of Ops**

**ADDITIONAL NAMED INSUREDS**

Builders, Inc.

**DESCRIPTION OF OPERATIONS** [+ LANGUAGE LIBRARY](#)

Project #: 123456

Certificate holder is included as Additional Insured, on a Primary and Non-contributory basis, as respects the General Liability, including ongoing and completed operations, if required by written contract.

Waiver of Subrogation applies in favor of the Additional Insured as respects the General Liability, if required by written contract.

\*Changes have not been added

The DOO on the certificate has been updated:

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) [Edit Description of Operations](#)

Additional Named Insureds: Builders, Inc.  
Project #: 123456

Certificate holder is included as Additional Insured, on a Primary and Non-contributory basis, as respects the General Liability, including ongoing and completed operations, if required by written contract.

Anything that did not fit on the first page of the certificate has overflowed to the additional remarks schedule of the certificate, also known as the Certificate Hero 101:

**ADDITIONAL REMARKS** [Edit Description of Operations](#)

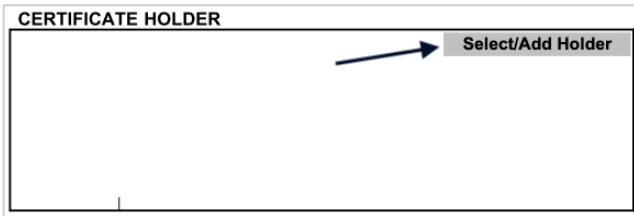
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: \_\_\_\_\_ FORM TITLE: \_\_\_\_\_

Waiver of Subrogation applies in favor of the Additional Insured as respects the General Liability, if required by written contract.

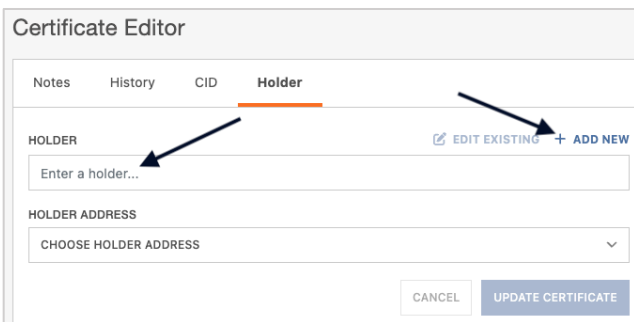
[Back to Top](#)

## Updating the Certificate Holder

Within the Certificate Holder section of the certificate, click “Select/Add Holder”.

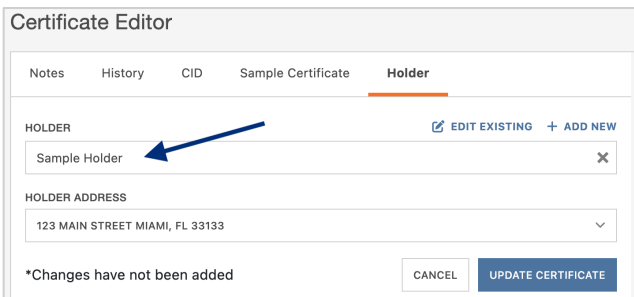


You can select any Holder that has historically been entered by your agency. You can also add a new Holder.

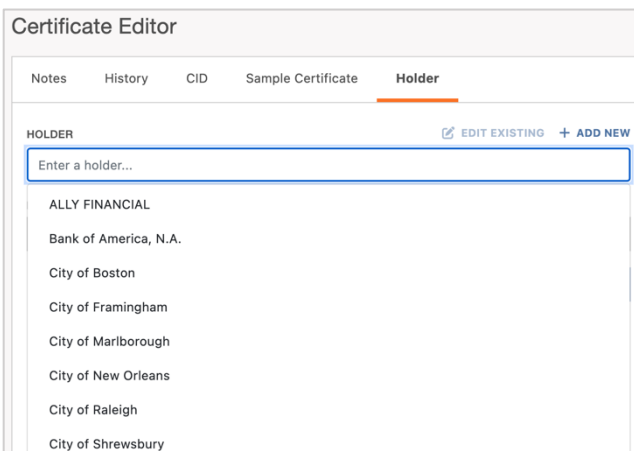


## Selecting an Existing Holder

To select an existing Holder, click the Holder name.



You can scroll through the list of the existing Holders...



...Or type ahead to find the Holder you would like to select.

Certificate Editor

Notes History CID Sample Certificate **Holder**

HOLDER EDIT EXISTING + ADD NEW

SAMPLE Holder

Sample Holder

CHOOSE HOLDER ADDRESS

CANCEL UPDATE CERTIFICATE

Once you have selected the Holder, you can choose to show the address already on file for that Holder, or to forego showing an address.

Certificate Editor

Notes History CID **Holder**

HOLDER EDIT EXISTING + ADD NEW

Sample Holder

HOLDER ADDRESS

123 MAIN STREET MIAMI, FL 33133

\*Changes have not been added

CANCEL UPDATE CERTIFICATE

## Edit an Existing Holder

To edit an existing Holder, select the desired Holder and click “Edit Existing”.

Certificate Editor

Notes History CID **Holder**

HOLDER EDIT EXISTING + ADD NEW

Sample Holder

HOLDER ADDRESS

123 MAIN STREET MIAMI, FL 33133

\*Changes have not been added

CANCEL UPDATE CERTIFICATE

Within the Holder name edit form, proceed with the revising the name of the Holder. If you need to update the Holder address, click “Edit”.

Edit Holder

NAME \*

Sample Holder - EDIT

ADDRESS LINE 1	ADDRESS LINE 2	ADDRESS LINE 3	CITY STATE ZIPCODE	COUNTRY
123 Main Street			Miami FL 33133	USA

ADD ADDRESS

SHOW PREVIEW

CANCEL SAVE

Within the Holder address edit form, proceed with the revisions, and click “Update Address”.

**Edit Holder Address**

NAME \*  
Sample Holder - EDIT

ADDRESS LINE 1  
123 Main Street

ADDRESS LINE 2  
Suite 456

ADDRESS LINE 3

CITY  
Miami

COUNTRY  
USA

STATE  
FL

POSTAL CODE  
33133

SHOW PREVIEW

CANCEL UPDATE ADDRESS

Back on the Edit Holder screen, when all revisions are complete, click “Save”.

**Create Holder**

NAME \*  
Sample Holder

ADDRESS LINE 1	ADDRESS LINE 2	ADDRESS LINE 3	CITY STATE ZIPCODE	COUNTRY
123 Main Street			Miami FL 33133	USA

EDIT REMOVE

ADD ADDRESS

SHOW PREVIEW

CANCEL SAVE

## Add a New Holder

To add a new Certificate Holder, click “Add New”.

**Certificate Editor**

Notes History CID **Holder**

HOLDER EDIT EXISTING + ADD NEW

Enter a holder...

HOLDER ADDRESS  
CHOOSE HOLDER ADDRESS

CANCEL UPDATE CERTIFICATE

Enter the new Holder name.

To add an address to show on the certificate, click “Add Address”.

### Create Holder

NAME \*

ADDRESS LINE 1	ADDRESS LINE 2	ADDRESS LINE 3	CITY STATE ZIPCODE	COUNTRY
<input type="button" value="ADD ADDRESS"/>				

Fill out the address form and click “Add Address”.

### Edit Holder Address

NAME \*

ADDRESS LINE 1

ADDRESS LINE 2

ADDRESS LINE 3

CITY

COUNTRY

STATE

POSTAL CODE

After reviewing the new Holder information, click “Save”.

### Create Holder

NAME \*

ADDRESS LINE 1	ADDRESS LINE 2	ADDRESS LINE 3	CITY STATE ZIPCODE	COUNTRY
123 Main Stree			Miami FL 33133	USA
<input type="button" value="ADD ADDRESS"/>				

Once you have selected, revised, or added a Holder, click “Update Certificate” to reflect the change to the certificate.

Certificate Editor

Notes History CID **Holder**

HOLDER EDIT EXISTING + ADD NEW

Sample Holder X

HOLDER ADDRESS

123 MAIN STREET MIAMI, FL 33133

\*Changes have not been added

CANCEL UPDATE CERTIFICATE

The Holder on the certificate has been updated:

**CERTIFICATE HOLDER**

Select/Add Holder

Sample Holder  
123 Main Street  
Miami, FL 33133

## Updating the Signature

Within the Signature section of the certificate, click “Sign Here”.



You will now be able to update the Signature within the Certificate Editor.



## Selecting an Existing Signature

To select an existing Signature, click to choose a signature.



You can scroll through the list of the existing signatures...



...Or type ahead to find the signature you would like to select.





## Edit an Existing Signature

To edit an existing Signature, select the desired Signature and click “Edit Existing”.



Certificate Editor

Notes History CID **Signature**

SIGNATURE

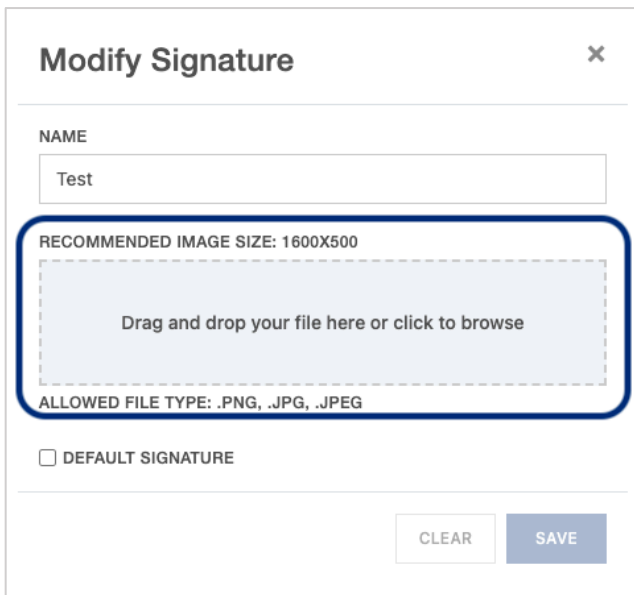
Test NV

\*Changes have not been added

CANCEL UPDATE CERTIFICATE

*Note: A blue arrow points from the 'EDIT EXISTING' button to the 'SIGNATURE' header.*

From here, you will be able to either upload a new signature, and/or edit the signature name.



Modify Signature

NAME

Test

RECOMMENDED IMAGE SIZE: 1600X500

Drag and drop your file here or click to browse

ALLOWED FILE TYPE: .PNG, .JPG, .JPEG

DEFAULT SIGNATURE

CLEAR SAVE

Within the edit form, proceed with the revisions and click “Save”.



Modify Signature

NAME

Test

*Signature*

DEFAULT SIGNATURE

CLEAR SAVE

*Note: A blue arrow points from the 'SAVE' button to the 'DEFAULT SIGNATURE' checkbox.*

## Adding a New Signature

To add a new Signature, click “Add New”.



Certificate Editor

Notes History CID **Signature**

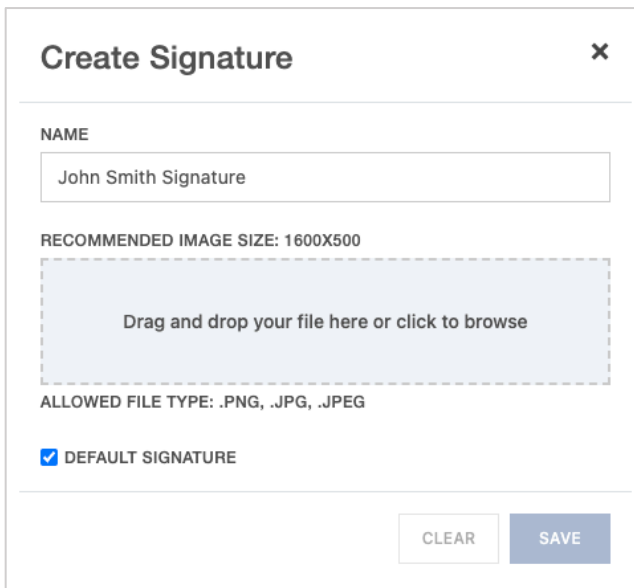
SIGNATURE [EDIT EXISTING](#) [+ ADD NEW](#)

Choose a signature...

You need to select a signature

A blue arrow points to the '+ ADD NEW' button.

Within the create form, fill out the applicable fields and upload the new Signature.



**Create Signature**

NAME

John Smith Signature


RECOMMENDED IMAGE SIZE: 1600X500

Drag and drop your file here or click to browse

ALLOWED FILE TYPE: .PNG, .JPG, .JPEG

DEFAULT SIGNATURE

Then click “Save”.



**Create Signature**

NAME

John Smith Signature

*Signature*

DEFAULT SIGNATURE

A blue arrow points to the 'SAVE' button.

Once you have selected, revised, or added a Signature, click “Update Certificate” to reflect the change to the certificate.



The screenshot shows the 'Certificate Editor' interface with the 'Signature' tab selected. A text input field contains 'Test NV'. To the right of the input field are links for 'EDIT EXISTING' and '+ ADD NEW'. Below the input field, a blue arrow points to the 'UPDATE CERTIFICATE' button. A 'CANCEL' button is also visible. A message at the bottom left states '\*Changes have not been added'.

The signature on the certificate has been updated:



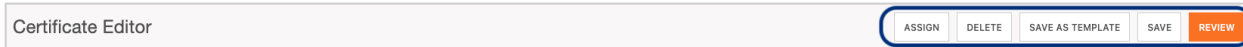
The screenshot shows the 'AUTHORIZED REPRESENTATIVE' section. On the left, there is a grey button labeled 'Sign Here'. To the right of the button, the word 'Signature' is written in a cursive font.

## Completing the Certificate

Once you have completed the creation of your certificate, there are several next options you can take.

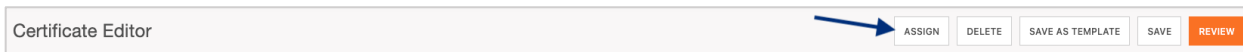
Across the top of the Certificate Editor, you will find the Editor Action buttons:

- Assign the certificate to another team member.
- Delete the certificate if it is no longer needed.
- Save the certificate details as a template for future use.
- Save the certificate to come back to later.
- Review the certificate prior to issuance.



## Assigning the Certificate

To assign a certificate to another team member to review or work on, click “Assign”.



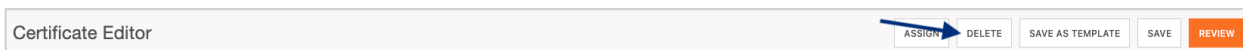
Search for and select the team member the certificate needs to be assigned to and click “Assign User”.

**Please Note:** The team member you assign to the certificate to must first have a Certificate Hero account.

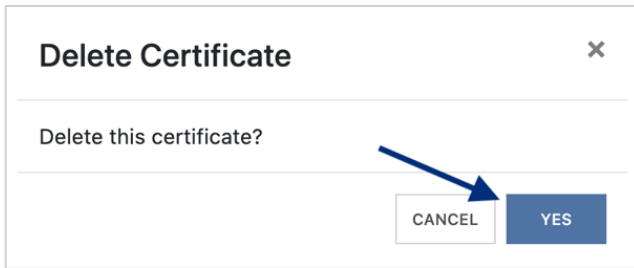


## Deleting a Certificate in Progress

If a certificate is no longer needed prior to issuance, click “Delete”.



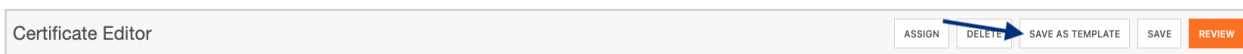
The system will prompt you to confirm if you wish to delete. Click “Yes” to proceed with the deletion.



A dialog box titled "Delete Certificate" with a close button (X) in the top right corner. The main text asks "Delete this certificate?". Below the text are two buttons: "CANCEL" and "YES". A blue arrow points from the text area to the "YES" button.

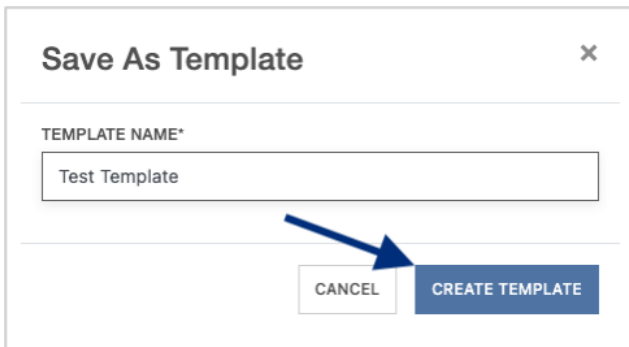
## Saving as a Certificate Template

To save the certificate details you just created as a certificate template for future use, click “Save as Template”.



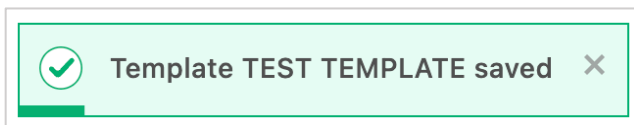
A horizontal toolbar for the "Certificate Editor". It contains five buttons: "ASSIGN", "DELETE", "SAVE AS TEMPLATE", "SAVE", and "REVIEW". A blue arrow points from the "DELETE" button to the "SAVE AS TEMPLATE" button.

Enter a name for the new certificate template and click “Create Template”.



A dialog box titled "Save As Template" with a close button (X) in the top right corner. It features a text input field labeled "TEMPLATE NAME\*" containing the text "Test Template". Below the input field are two buttons: "CANCEL" and "CREATE TEMPLATE". A blue arrow points from the input field to the "CREATE TEMPLATE" button.

Once saved, you’ll receive confirmation on the upper right corner that your template has been saved. You can proceed with your current certificate issuance.

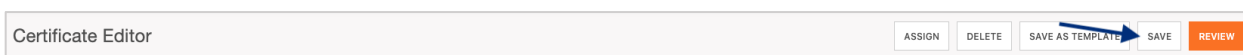


A green confirmation message box with a checkmark icon on the left. The text reads "Template TEST TEMPLATE saved" followed by a close button (X).

## Saving Certificate for Later

To save the certificate to come back to work on later, click “Save”.

**Please Note:** You can save the certificate at any point within the process.



A horizontal toolbar for the "Certificate Editor". It contains five buttons: "ASSIGN", "DELETE", "SAVE AS TEMPLATE", "SAVE", and "REVIEW". A blue arrow points from the "SAVE AS TEMPLATE" button to the "SAVE" button.

You will be brought back to the Certificate Manager where you can find your saved certificate. The Actions menu will show you the options you can take with the saved certificate. To pick up where you left off, click "Edit".

CREATED	STATUS	CERT #	ISSUED	NAMED INSURED	HOLDER	SUMMARY	ACORD FORM	ENDORSEME...	ACTIONS
Dec 29, 2023	<span style="border: 1px solid blue; padding: 2px;">IN PROGRESS</span>	4581613	—	TEST NAMED INS...	TEST HOLDER	AUTO, GL, UMB, ...	25	0	<div style="border: 1px solid gray; padding: 5px; display: inline-block;">             x v              View              Edit              Delete           </div>

## Reviewing the Certificate

To preview the certificate and prepare for distribution, click "Review".

Certificate Editor

ASSIGN
DELETE
SAVE AS TEMPLATE
SAVE
REVIEW

From here, you can review the certificate you just created and prepare for distribution via email/fax.

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
 1/3/2024

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 endorsements.

<b>PRODUCER</b> YOUR AGENCY HERE Address Line 1 Address Line 2 City, State Zip	<b>CONTACT</b> Agency Contact Phone: (555) 555-5555    Fax: (555) 555-4444 Email: agencycontact@agencyemaildomain.com Address: agencycontact@agencyemaildomain.com
<b>INSURED</b> Named Insured 123 Main Street Anywhere, CA 90210	<b>INSURER(S) AFFORING COVERAGE</b> INSURER A: CNA Insurance Companies    NAC #: 35137 INSURER B: INSURER C: INSURER D: INSURER E:

**COVERAGES**      **CERTIFICATE NUMBER:** 2038      **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.

LINE	TYPE OF INSURANCE	ACORD FORM NO. (U.S.)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	GLS120	09-01-2020	09-01-2021	EACH OCCURRENCE \$ 1,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PER OCCUR <input type="checkbox"/> LOC <input type="checkbox"/> OTHER
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	CAU9120	09-01-2020	09-01-2021	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000
						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	EXCESS9120	09-01-2020	09-01-2021	EACH OCCURRENCE \$ 5,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANNUAL PREMIUM/RETROACTIVE (Mandatory in NY) If yes, describe scope of operations below	Y/N	N/A	09-01-2020	09-01-2021	<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
						DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Named Insureds: Builders, Inc.  
Project #: 123456

Certificate holder is included as Additional Insured, on a Primary and Non-contributory basis, as respects the General Liability, including ongoing and completed operations. If required by written contract.

<b>CERTIFICATE HOLDER</b> Sample Holder 123 Main Street Miami, FL 33133	<b>CANCELLATION</b> 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 <div style="text-align: right; margin-top: 5px;">Certificate Hero</div>
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**ADDITIONAL REMARKS SCHEDULE**

AGENCY CUSTOMER ID:  
 LOC #:  
 Page 2 of 2

<b>AGENCY</b> YOUR AGENCY HERE POLICY NUMBER CARRIER	<b>NAMED INSURED</b> Named Insured NAC CODE EFFECTIVE DATE:
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**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

**FORM NUMBER:**      **FORM TITLE:**

Waiver of Subrogation applies in favor of the Additional Insured as respects the General Liability, if required by written contract.

SPECIMEN

ACORD 101 (2008/01)      The ACORD name and logo are registered marks of ACORD.      © 2008 ACORD CORPORATION. All rights reserved.

## Email the Certificate

To email the certificate, you will:

- Enter the destination email address(es).
- Enter the email subject line.
- Enter any verbiage needed for the email body.
- Mark whether the certificate needs to be deactivated after issuance.

The screenshot shows the 'Email' form interface. At the top, there are two tabs: 'Email' (selected) and 'Fax'. The form contains the following fields and options:

- TO:** A text input field containing 'testemail@testemaildomain.com'. A blue arrow points to this field.
- CC:** An empty text input field.
- BCC:** An empty text input field.
- SUBJECT:** A text input field containing 'Test Certificate'. A blue arrow points to this field.
- BODY:** A text area containing 'Hello, Please see the attached and send confirmation of receipt.' A blue arrow points to the bottom of this area.
- ATTACH A FILE (OPTIONAL):** A dashed box containing the text 'Drag and drop your file here or click to browse'. A blue arrow points to this area.
- ALLOWED FILE TYPE:** .JPG, .JPEG, .TXT, .DOCX, .CSV, .PDF
- Options:** - Certificate contains at least one expired policy.  Mark certificate as inactive. A blue arrow points to this checkbox.
- Buttons:** COMPLETE, COMPLETE & DOWNLOAD, and COMPLETE & EMAIL. A blue arrow points to the COMPLETE & EMAIL button.
- Language Library:** A blue link '+ LANGUAGE LIBRARY' is located to the right of the body text area. A blue arrow points to this link.

**Please Note:** There is a language library available for certificate email distribution. Please refer to the Description of Operations [Language Library](#) to review how to utilize the tool.

## Fax the Certificate

To fax the certificate, you will:

- Enter the destination fax number and contact name.
- Enter the fax subject.
- Enter any fax verbiage.
- Mark whether the certificate needs to be deactivated after issuance.

The screenshot shows the 'Fax' form interface. At the top, there are two tabs: 'Email' and 'Fax' (selected). The form contains the following fields and options:

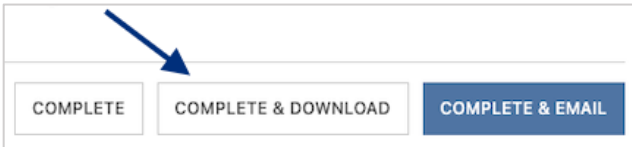
- FAX NUMBER:** A text input field containing '(555) 555-5555'. A blue arrow points to this field.
- NAME:** A text input field containing 'John Smith'. A blue arrow points to this field.
- SUBJECT:** A text input field containing 'Test Certificate of Insurance'. A blue arrow points to this field.
- Body:** A text area containing 'Please see the attached certificate of insurance.' A blue arrow points to the bottom of this area.
- ATTACH A FILE (OPTIONAL):** A dashed box containing the text 'Drag and drop your file here or click to browse'. A blue arrow points to this area.
- ALLOWED FILE TYPE:** .JPG, .JPEG, .TXT, .DOCX, .CSV, .PDF
- Options:** - Certificate contains at least one expired policy.  Mark certificate as inactive. A blue arrow points to this checkbox.
- Buttons:** COMPLETE, COMPLETE & DOWNLOAD, and COMPLETE & FAX. A blue arrow points to the COMPLETE & FAX button.

## Certificate Issuance

“Complete” will issue the certificate without distribution and without downloading a copy.



“Complete & Download” will issue the certificate without distribution and will download a PDF copy.



“Complete & Email” will issue the certificate and distribute per your email distribution instructions.



“Complete & Fax” will issue the certificate and distribute per your fax distribution instructions.

