



How to Issue a Certificate - Entering Insurance Clause

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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

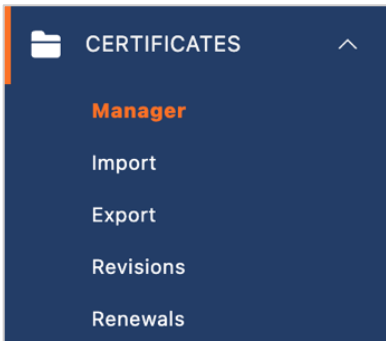
This method will allow you to enter the insurance requirements and pull the required policies.

This guide will take you through how to issue a certificate by **Entering insurance clause/requirements**.

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

Starting the Certificate Issuance Process

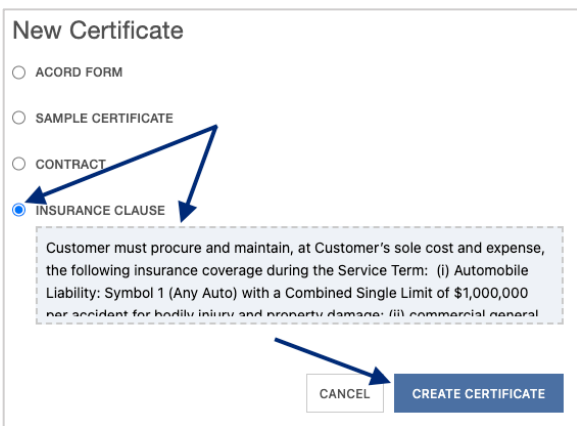
To begin, drop down “Certificates” and click “Manager”.



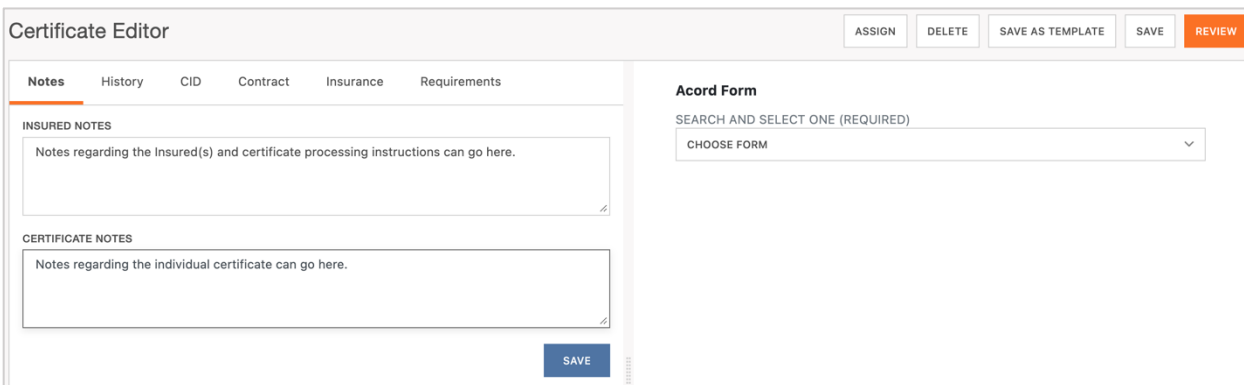
Within the Certificate Manager, click “Create Certificate”.



Select “Insurance Clause” and enter the text from the insurance clause/requirements. Click “Create Certificate”.



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



On the right, select the ACORD Form type you would like to build the certificate out on.

Acord Form

SEARCH AND SELECT ONE (REQUIRED)

CHOOSE FORM

- ACORD 25 (2016/03) Certificate of Liability Insurance
- ACORD 21 (2016/03) Certificate of Aircraft Insurance
- ACORD 22 (2016/03) Certificate of Intermodal Interchange Insurance
- ACORD 23 (2016/03) Vehicle or Equipment Certificate of Insurance
- ACORD 24 (2016/03) Certificate of Property Insurance
- ACORD 27 (2016/03) Evidence of Property Insurance
- ACORD 28 (2016/03) Evidence of Commercial Property Insurance
- ACORD 31 (2016/03) Certificate of Marine/Energy Insurance
- ACORD 855 (2014/05) New York Construction Certificate of Liability Insurance Addendum

Certificate Editor

The Certificate Editor is a user-friendly interface, and each tab and grey selector has its own importance, allowing you to easily customize any part of the certificate.

Within the certificate preview to the right, you will see in real time any additions and edits you make to a certificate. Anything with a **GREY** selector is an area within the certificate you can interact with.

Certificate Editor

ASSIGN DELETE SAVE AS TEMPLATE SAVE REVIEW

ENDORSEMENTS 0 endorsements attached

111%

Notes History CID Contract Insurance Requirements

INSURED NOTES
Notes regarding the Insured(s) and certificate processing instructions can go here.

CERTIFICATE NOTES
Notes regarding the specific certificate can go here.

SAVE

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MMDDYYYY) 1/24/2024

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 endorsement(s).

PRODUCER: Rebecca's Agency Contact
YOUR AGENCY HERE: 9138100379
Address Line 1: 14063
Address Line 2: 14063
City, State Zip: 14063


INSURER A: CNA Insurance Companies
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

CERTIFICATE NUMBER: 2987 REVISION NUMBER:

| LINE | TYPE OF INSURANCE | ADDITIONAL COVERAGES | POLICY NUMBER | POLICY EFF. DATE | POLICY EXP. DATE | LIMITS |
|------|------------------------------|---|---------------|------------------|------------------|--|
| A | COMMERCIAL GENERAL LIABILITY | <input checked="" type="checkbox"/> CLAIM-MADE <input checked="" type="checkbox"/> OCCUR | GLB120 | 09-01-2020 | 09-01-2021 | Each Occurrence DAMAGE TO RENTED PROPERTY: \$5,000,000 MED: EXP (Any one person) \$ 5,000 PERSONAL & ADV ALIENY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG. \$ 2,000,000 OTHER: \$ |
| A | AUTOMOBILE LIABILITY | <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> HIRE <input type="checkbox"/> AUTO ONLY <input type="checkbox"/> NON-OWNED <input type="checkbox"/> AUTO ONLY | CAU1120 | 09-01-2020 | 09-01-2021 | PERSONAL & ADV ALIENY \$ 1,000,000 BODILY ALIENY (Per person) \$ BODILY ALIENY (Per accident) \$ PROPERTY DAMAGE \$ \$ |
| | UMBRELLA LIAB | <input checked="" type="checkbox"/> | | | | \$ 5,000,000 |

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

| ACORD | | CERTIFICATE OF LIABILITY INSURANCE | | 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. | | | | | | | | | | | | | | | | | | | |
| 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 YOUR AGENCY HERE Address Line 1 Address Line 2 City, State Zip | | CONTACT NAME: Kristin Collins PHONE (A/C, No, Ext): 1-800-HERO E-MAIL ADDRESS: kcollins@certificatehero.com FAX (A/C, No): | | Select Contact | | | | | | | | | | | | | | | |
| INSURED Builders, Inc. 95 Rochester Street Teterboro, NJ 07608 | | Select Named Insured(s) | | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <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> </tbody> </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 : | | | | | | | | | | | | | | | | | | | |
| COVERAGES | | CERTIFICATE NUMBER: 4546350 | | 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 | ADD'L SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | | | | | | | | | | | |
| | 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: | | Add Policy | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ \$ | | | | | | | | | | | | | |
| | 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 | | Add Policy | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ | | | | | | | | | | | | | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | Add Policy | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ | | | | | | | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Add Policy | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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) | | | | | | Edit Description of Operations | | | | | | | | | | | | | |
| CERTIFICATE HOLDER | | | CANCELLATION | | | | | | | | | | | | | | | | |
| Select/Add Holder | | | 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 Sign Here | | | | | | | | | | | | | | | | |
| | | |  | | | | | | | | | | | | | | | | |
| © 1988-2015 ACORD CORPORATION. All rights reserved. | | | | | | | | | | | | | | | | | | | |
| ACORD 25 (2016/03) | | The ACORD name and logo are registered marks of ACORD | | | | | | | | | | | | | | | | | |

Below we will review the fields of the Certificate Editor that are specific to issuing by **entering insurance clause** or uploading a contract.

Contracts Tab

When insurance clause is entered, a copy of the verbiage will be available for reference within the **Contract** tab.

From here, you can scroll through and review the verbiage you just entered.

Certificate Editor

ASSIGN DELETE SAVE AS TEMPLATE SAVE REVIEW

Notes History CID Contract Insurance Requirements

+ -

Sample 1:
Customer Insurance Obligations. Customer must procure and maintain, at Customer's sole cost and expense, the following insurance coverage during the Service Term: (i) Automobile Liability, Symbol 1 (Any Auto) with a Combined Single Limit of \$1,000,000 per accident for bodily injury and property damage; (ii) commercial general liability insurance in an amount not less than \$2,000,000 per occurrence and \$4,000,000 in annual aggregate for bodily injury and property damage; (iii) employer's liability insurance in an amount not less than \$1,000,000 per occurrence; and (iv) worker's compensation insurance in an amount not less than that prescribed by statutory limits. Employer's Liability Insurance with limits of \$1,000,000 Bodily Injury by Accident - Each Accident; \$1,000,000 Bodily Injury by Disease - Per Employee; and \$1,000,000 Bodily Injury by Disease - Policy Limit. (v) Umbrella Liability with a minimum each occurrence limit of \$5,000,000 and an aggregate limit of \$5,000,000. (VI) Builders Risk coverage is required for this project. (VII) Crime Coverage will be required on this project the following crime coverages are required for this project: Computer Fraud Limit of \$1,000,000 will be required with a Computer Fraud Deductible of \$10,000. Certificates of insurance will be provided on request. 30 day notice of cancellation except 10 day notice for non-payment.

ENDORSEMENTS 0 endorsements attached

111% - +

CERTIFICATE OF LIABILITY INSURANCE
DATE (MM/DD/YYYY)
1/23/2024

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PRODUCER: YOUR AGENCY HERE
Address Line 1
Address Line 2
City, State, Zip

CONTACT: Rebecca's Agency Contact
PHONE: 8138105579 FAX: [blank]
EMAIL: [blank] JAS. No.: [blank]
ADDRESS: [blank]
INSURER(S) AFFORDING COVERAGE: [blank] NAIC # [blank]

INSURER: [blank]
INSURER C: [blank]
INSURER D: [blank]
INSURER F: [blank]

INSURER A: CNA Insurance Companies 14083
INSURER B: [blank]

CERTIFICATE NUMBER: 2983

REVISION NUMBER: [blank]

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 | AGGREGATE LIMIT | POLICY NUMBER | POLICY EFFECT DATE | POLICY EXPIRES DATE | LIMITS |
|------|---|-----------------|---------------|--------------------|---------------------|---|
| A | COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | [blank] | GL9120 | 09-01-2020 | 09-01-2021 | EACH OCCURRENCE \$ 1,000,000 |
| | | | | | | PERSONAL & AUTO INJURY \$ 50,000 |
| | | | | | | PERSONAL & AUTO INJURY \$ 5,000 |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO | [blank] | CAU9120 | 09-01-2020 | 09-01-2021 | UNINSURED VEHICLE LIMIT \$ 1,000,000 |
| | | | | | | SOBODILY INJURY (Per person) \$ [blank] |
| | | | | | | BODILY INJURY (Per accident) \$ [blank] |

Insurance Tab

When insurance clause is entered, the details of the insurance requirements will be displayed within the **Insurance** tab.

The insurance clause is run through the Certificate Hero software. Through this, the insurance section of that verbiage is isolated and highlighted, as shown below.

Certificate Editor

ASSIGN DELETE SAVE AS TEMPLATE SAVE REVIEW

Notes History CID Contract Insurance Requirements

+ -

Sample 1:
Customer Insurance Obligations. Customer must procure and maintain, at Customer's sole cost and expense, the following insurance coverage during the Service Term: (i) Automobile Liability, Symbol 1 (Any Auto) with a Combined Single Limit of \$1,000,000 per accident for bodily injury and property damage; (ii) commercial general liability insurance in an amount not less than \$2,000,000 per occurrence and \$4,000,000 in annual aggregate for bodily injury and property damage; (iii) employer's liability insurance in an amount not less than \$1,000,000 per occurrence; and (iv) worker's compensation insurance in an amount not less than that prescribed by statutory limits. Employer's Liability Insurance with limits of \$1,000,000 Bodily Injury by Accident - Each Accident; \$1,000,000 Bodily Injury by Disease - Per Employee; and \$1,000,000 Bodily Injury by Disease - Policy Limit. (v) Umbrella Liability with a minimum each occurrence limit of \$5,000,000 and an aggregate limit of \$5,000,000. (VI) Builders Risk coverage is required for this project. (VII) Crime Coverage will be required on this project the following crime coverages are required for this project: Computer Fraud Limit of \$1,000,000 will be required with a Computer Fraud Deductible of \$10,000. Certificates of insurance will be provided on request. 30 day notice of cancellation except 10 day notice for non-payment.

ENDORSEMENTS 0 endorsements attached

111% - +

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PRODUCER: YOUR AGENCY HERE
Address Line 1
Address Line 2
City, State, Zip

CONTACT: Rebecca's Agency Contact
PHONE: 8138105579 FAX: [blank]
EMAIL: [blank] JAS. No.: [blank]
ADDRESS: [blank]
INSURER(S) AFFORDING COVERAGE: [blank] NAIC # [blank]

INSURER: [blank]
INSURER C: [blank]
INSURER D: [blank]
INSURER F: [blank]

INSURER A: CNA Insurance Companies 14083
INSURER B: [blank]

CERTIFICATE NUMBER: 2983

REVISION NUMBER: [blank]

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| LINE | TYPE OF INSURANCE | AGGREGATE LIMIT | POLICY NUMBER | POLICY EFFECT DATE | POLICY EXPIRES DATE | LIMITS |
|------|---|-----------------|---------------|--------------------|---------------------|---|
| A | COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | [blank] | GL9120 | 09-01-2020 | 09-01-2021 | EACH OCCURRENCE \$ 1,000,000 |
| | | | | | | PERSONAL & AUTO INJURY \$ 50,000 |
| | | | | | | PERSONAL & AUTO INJURY \$ 5,000 |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO | [blank] | CAU9120 | 09-01-2020 | 09-01-2021 | UNINSURED VEHICLE LIMIT \$ 1,000,000 |
| | | | | | | SOBODILY INJURY (Per person) \$ [blank] |
| | | | | | | BODILY INJURY (Per accident) \$ [blank] |

Requirements Tab

When insurance clause is entered, the Certificate Hero software breaks down the highlighted insurance section by line of business. And then within each line of business, breaks it down further by each coverage that's being required. You will find the breakdown of required LOBs and coverages within the **Requirements** tab.

This will display any compliant and/or non-compliant policies.

You can expand each LOB to review the coverage requirements extracted from the uploaded contract or manually entered insurance clause.

Indicates some coverages are not compliant

- Automobile Liability — REMOVE LOB
- General Liability** — REMOVE LOB
- Umbrella/Excess Liability — REMOVE LOB
- Worker's Compensation — REMOVE LOB

+ LINE OF BUSINESS

CERTIFICATE OF LIABILITY INSURANCE

INSURED: Highpoint Insurance Group, LLC. 4300 FM 2351 Friendswood, TX 77546

TEST AGENCY CONTACT: TEST AGENCY CONTACT (555) 555-5555 testcontact@testagency.com

COVERAGES: CERTIFICATE NUMBER: 4711423 REVISION NUMBER: 1

| TYPE | TYPE OF INSURANCE | NO. | NO. | POLICY NUMBER | ISSUE DATE | EXPIRES | LIMITS |
|------|------------------------------|-----|-----|---------------|------------|------------|---|
| A | COMMERCIAL GENERAL LIABILITY | | | EPK-130365 | 03-15-2020 | 03-15-2021 | EACH OCCURRENCE \$ 2,000,000 EXCESS (per occurrence) \$ 50,000 MED EXP (per one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B | AUTOMOBILE LIABILITY | | | 1001938ECA | 03-15-2020 | 03-15-2021 | SOBORNED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE (per accident) \$ |
| A | UMBRELLA/EXCESS LIABILITY | | | EPK-114784 | 03-15-2020 | 03-15-2021 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 |
| | WORKER'S COMPENSATION | | | | | | \$ 1,000,000 |

Requirements – Non-Compliant Line of Business(es) (LOB)

A *non-compliant* LOB will be easily identifiable by a highlighted **red border**. To view what is not compliant, you can expand the LOB and a **red message** will alert you identifying the coverage(s) within the policy is not compliant with the insurance clause you entered.

Indicates some coverages are not compliant

General Liability — REMOVE LOB

Commercial general liability insurance in an amount not less than 2000000 per occurrence and 4000000... [Show More](#)

| REQUIREMENT | CONTRACT | COVERAGE | COMPLIANT | ACTIONS |
|-------------------------|-------------|-------------|-----------|---------|
| Each Occurrence Limit | \$2,000,000 | \$2,000,000 | YES | ... |
| General Aggregate Limit | \$4,000,000 | \$2,000,000 | NO | ... |
| Waiver of Subrogation | SPECIFIED | NO COVERAGE | NO | ... |

ADD COVERAGE

Requirements – Compliant Line of Business(es) (LOB)

A *compliant* LOB, the LOB will *not* have a highlighted red border. To verify compliance, expand the LOB, and review the coverage requirements identified from the insurance clause you entered.

Certificate Editor

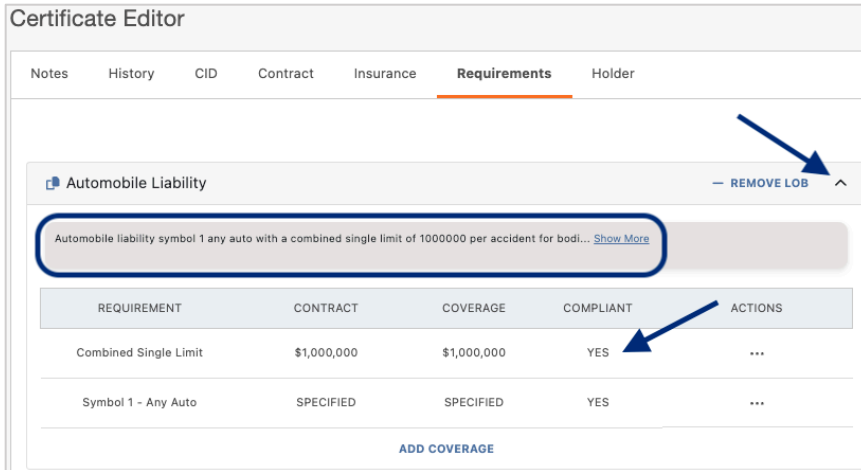
Notes History CID Contract Insurance **Requirements** Holder

Automobile Liability — REMOVE LOB ^

Automobile liability symbol 1 any auto with a combined single limit of 1000000 per accident for bodi... [Show More](#)

| REQUIREMENT | CONTRACT | COVERAGE | COMPLIANT | ACTIONS |
|-----------------------|-------------|-------------|-----------|---------|
| Combined Single Limit | \$1,000,000 | \$1,000,000 | YES | ... |
| Symbol 1 - Any Auto | SPECIFIED | SPECIFIED | YES | ... |

[ADD COVERAGE](#)



Updating the Agency Contact

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

| | | |
|-----------------------|------------------------------|-----------------------|
| uch endorsement(s). | | Select Contact |
| 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.

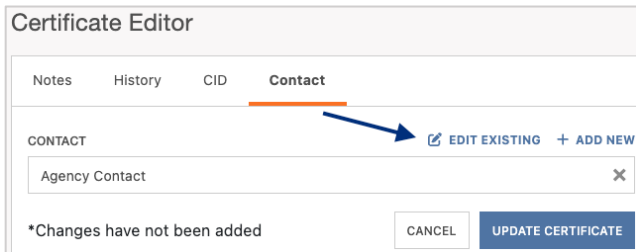
CONTACT [EDIT EXISTING](#) + [ADD NEW](#)

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

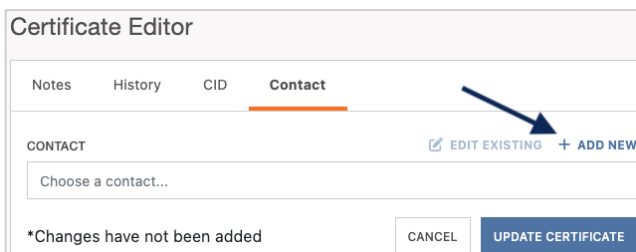
AGENCY EMAIL

DEFAULT CONTACT

 SAVE


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

[Back to Top](#)

Updating the Named Insured

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

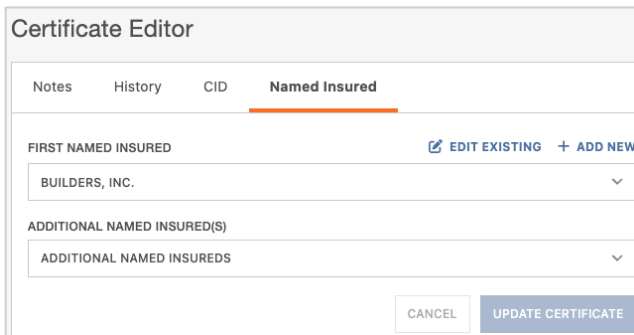


INSURED

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. ▾

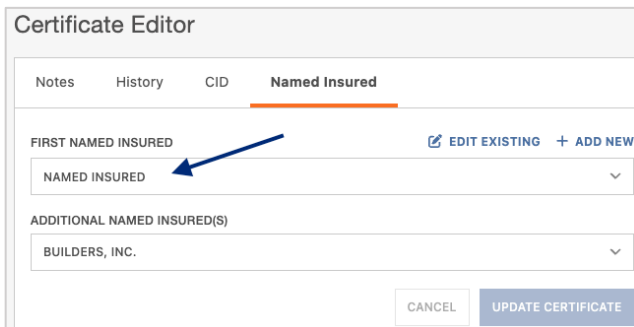
ADDITIONAL NAMED INSURED(S)

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

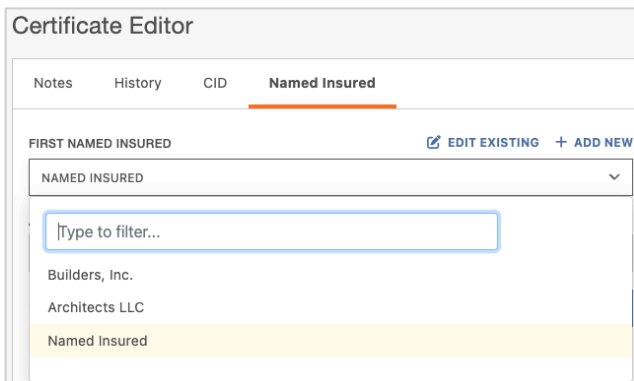
NAMED INSURED ▾

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 ▾

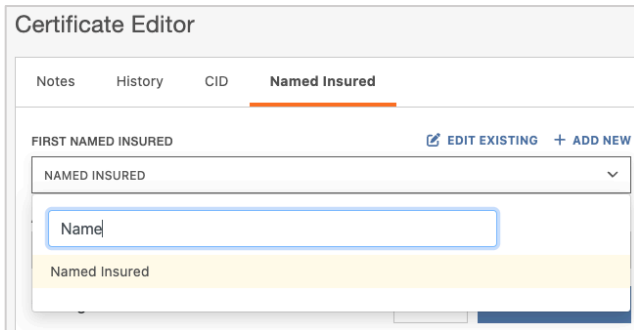
Type to filter...

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**

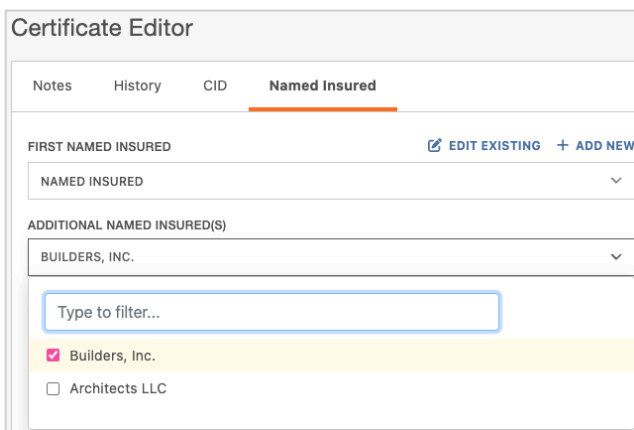
FIRST NAMED INSURED [EDIT EXISTING](#) [+ ADD NEW](#)

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.

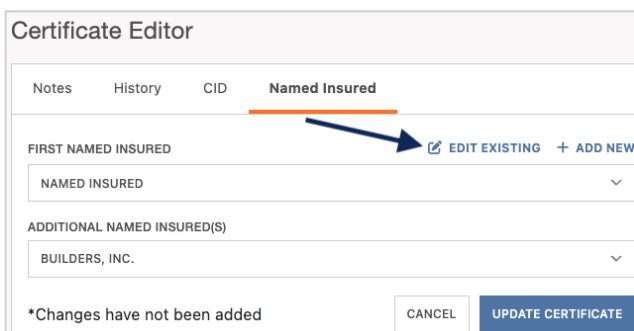
Type to filter...

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. |

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 | | | Add Policy | | | 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

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

| POLICY NUMBER | POLICY NAME | EFFECTIVE DATE | EXPIRATION DATE | DESCRIPTION |
|---|---|---|-----------------|---|
| <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | EACH OCCURRENCE LIMIT: Value |
| <input type="checkbox"/> CLAIMS-MADE BASIS | <input type="checkbox"/> OCCURRENCE BASIS | <input type="checkbox"/> Certificate Only Field | | DAMAGE TO RENTED PREMISES LIMIT: Value |
| <input type="checkbox"/> COVERAGE A | Coverage A Name | <input type="checkbox"/> ADDITIONAL INSURED | | MEDICAL EXPENSE: Value |
| <input type="checkbox"/> COVERAGE B | Coverage B Name | <input type="checkbox"/> Certificate Only Field | | PERSONAL & ADVERTISING LIMIT: Value |
| <input type="checkbox"/> PER POLICY | <input type="checkbox"/> PER PROJECT | <input type="checkbox"/> WAIVER OF SUBROGATION | | GENERAL AGGREGATE LIMIT: Value |
| <input type="checkbox"/> PER OTHER | Other Name | | | PRODUCTS - COMP/OP AGGREGATE LIMIT: Value |
| | | | | Coverage Name: Value |

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

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

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.

Line of Business

General Liability | CHOOSE PROFILE: 2020 GL (DEFAULT) - 20-21 GENERAL L... | [EDIT EXISTING](#) + [ADD NEW](#)

Automotive | Umbrella | Workers Comp | [ADD LOB](#)

| 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: Not Found
Other Name

EACH OCCURRENCE LIMIT: 500,000

DAMAGE TO RENTED PREMISES LIMIT: 50,000

MEDICAL EXPENSE: 5,000

PERSONAL & ADVERTISING LIMIT: 1,000,000

GENERAL AGGREGATE LIMIT: 2,000,000

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

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

+ [ADD OVERFLOW COVERAGE](#)

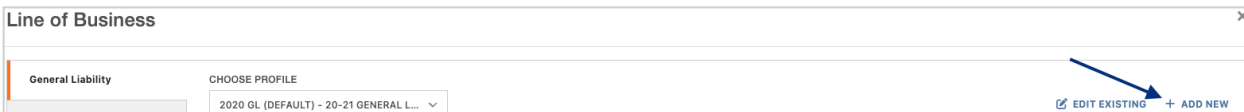
[CANCEL](#) [SAVE](#)

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

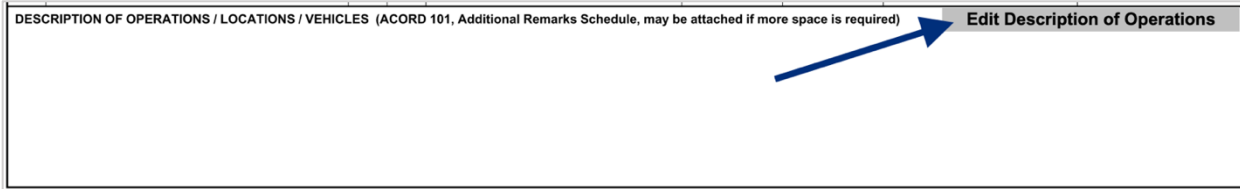
If you need to check the Additional Insured and/or Waiver of Subrogation boxes, you can do so while within the LOB editor. Select the policy, check the Additional Insured and/or Waiver of Subrogation boxes, and click “Save”.

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"/> 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 | AUTOMOBILE LIABILITY <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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$ | | | | EXCESS9120 | 09-01-2020 | 09-01-2021 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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"/> OTH-ER 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

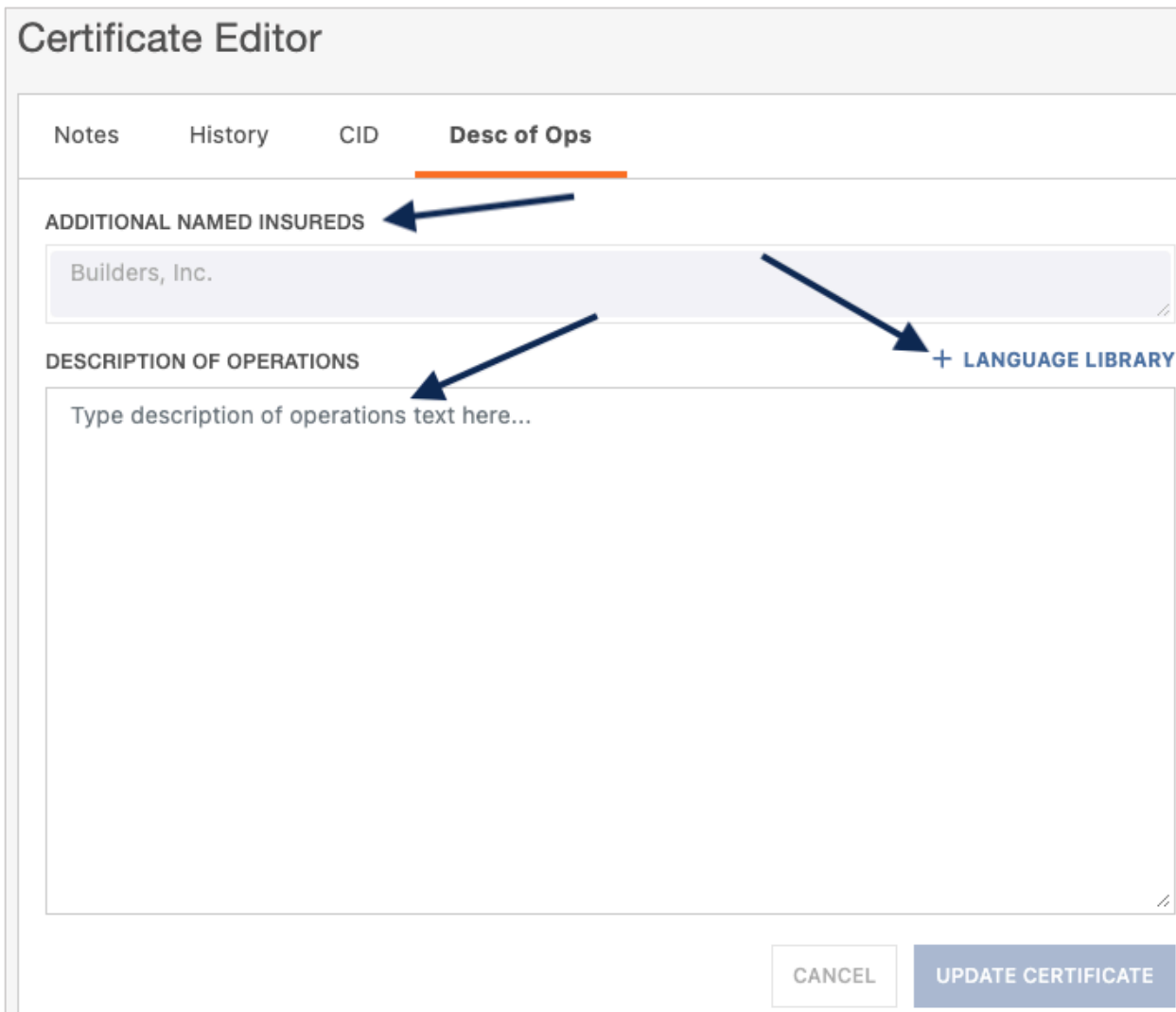
To add verbiage to your Description of Operations (DOO), click “Edit Description of Operations”.



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" text area. At the bottom right of the interface, there are two buttons: "CANCEL" and "UPDATE CERTIFICATE".

Language Library

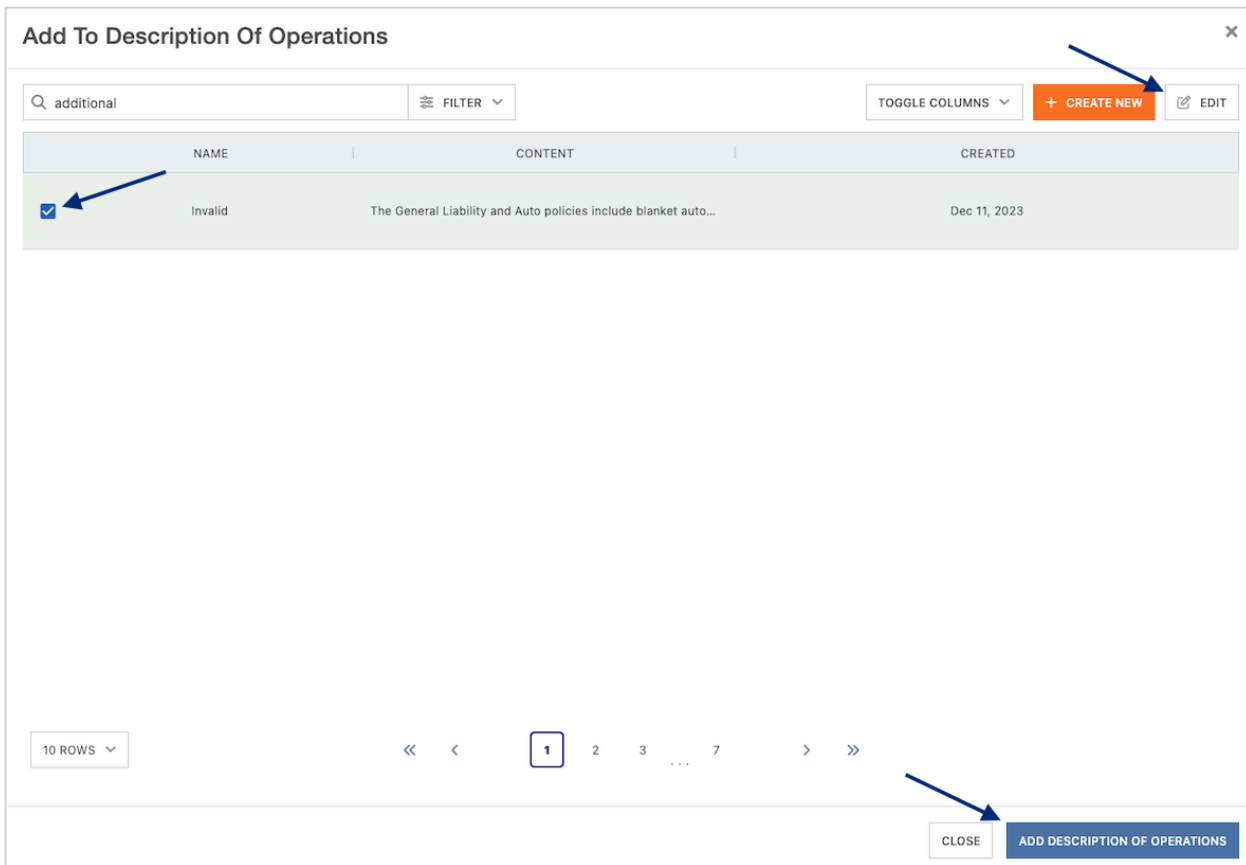
To view your verbiage templates, click “Language Library”.



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.

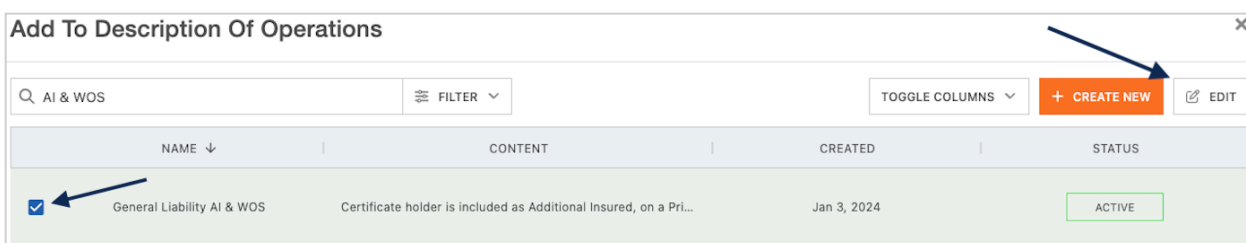
Once you found the language you want to add, check the box on the far left.

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 *

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 *

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

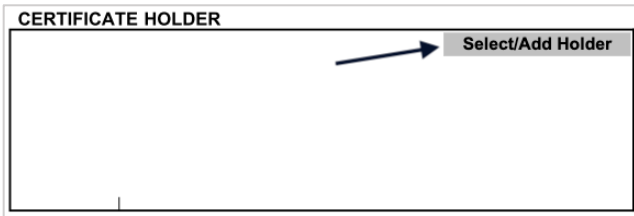
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: _____ FORM TITLE: _____

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

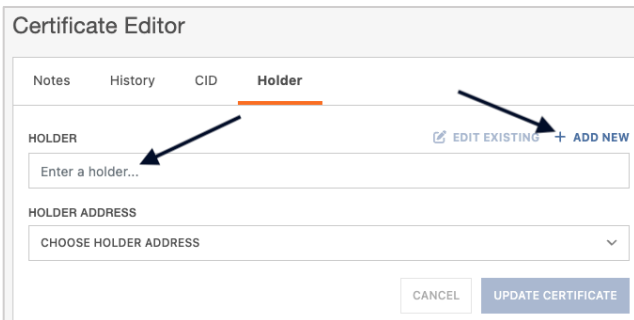
[Back to Top](#)

Updating the Certificate Holder

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

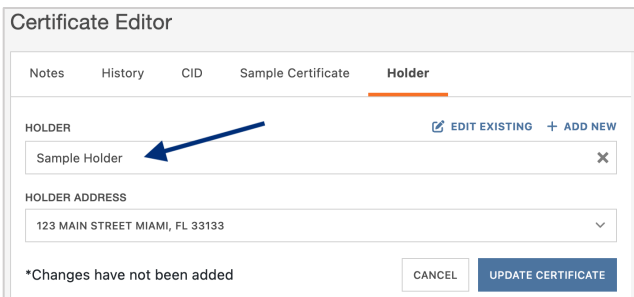


You can select any Holder that has historically been entered by your agency. You can also add a new Holder.

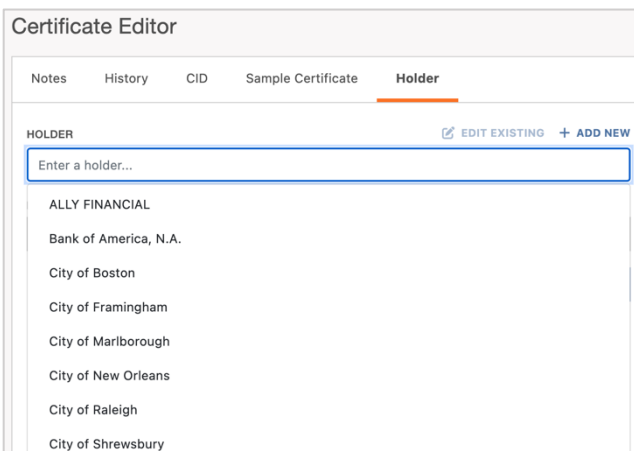


Selecting an Existing Holder

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.

The screenshot shows the 'Certificate Editor' interface with the 'Holder' tab selected. A search bar contains the text 'SAMPLe Holder'. Below the search bar, a dropdown menu shows 'Sample Holder' as the selected option. At the bottom of the form, there are 'CANCEL' and 'UPDATE CERTIFICATE' buttons.

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.

The screenshot shows the 'Certificate Editor' interface with the 'Holder' tab selected. The 'HOLDER' dropdown shows 'Sample Holder'. Below it, the 'HOLDER ADDRESS' dropdown shows '123 MAIN STREET MIAMI, FL 33133', with an arrow pointing to the address. At the bottom, there is a message '*Changes have not been added' and 'CANCEL' and 'UPDATE CERTIFICATE' buttons.

Edit an Existing Holder

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

The screenshot shows the 'Certificate Editor' interface with the 'Holder' tab selected. An arrow points to the 'EDIT EXISTING' button next to the 'Sample Holder' dropdown. Below the dropdown, the 'HOLDER ADDRESS' dropdown shows '123 MAIN STREET MIAMI, FL 33133'. At the bottom, there is a message '*Changes have not been added' and 'CANCEL' and 'UPDATE CERTIFICATE' buttons.

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”.

The screenshot shows the 'Edit Holder' form. The 'NAME *' field contains 'Sample Holder - EDIT', with an arrow pointing to it. Below the name field, there are columns for 'ADDRESS LINE 1', 'ADDRESS LINE 2', 'ADDRESS LINE 3', 'CITY STATE ZIPCODE', and 'COUNTRY'. The 'ADDRESS LINE 1' field contains '123 Main Street', 'CITY STATE ZIPCODE' contains 'Miami FL 33133', and 'COUNTRY' contains 'USA'. An arrow points to the 'EDIT' button next to the 'COUNTRY' field. Below the address fields, there is an 'ADD ADDRESS' button. At the bottom, there is a search icon, 'SHOW PREVIEW', 'CANCEL', and 'SAVE' buttons.

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

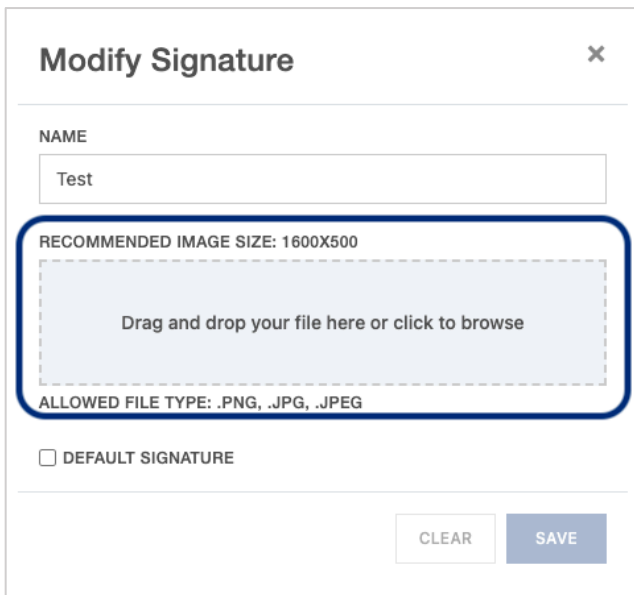
Test NV

*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 'DEFAULT SIGNATURE' checkbox to the 'SAVE' button.

Adding a New Signature

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



Certificate Editor

Notes History CID **Signature**

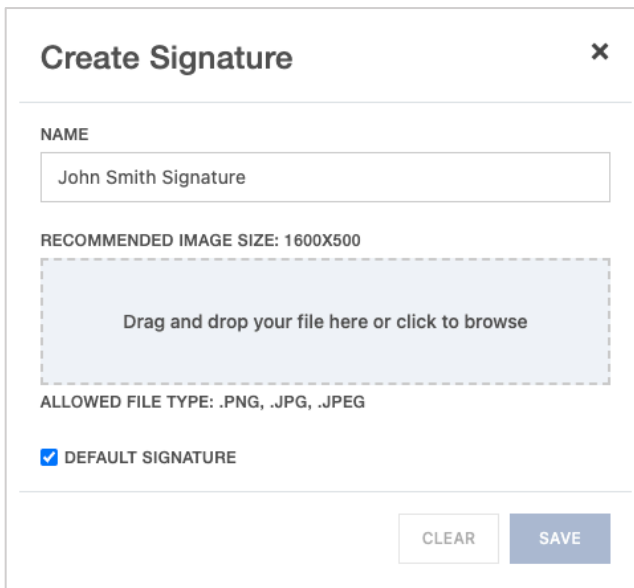
SIGNATURE [EDIT EXISTING](#) [+ ADD NEW](#)

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'. Below the input field, there are two buttons: 'CANCEL' and 'UPDATE CERTIFICATE'. A blue arrow points from the input field to the 'UPDATE CERTIFICATE' button. The interface also includes tabs for 'Notes', 'History', and 'CID', and a status message that reads '*Changes have not been added'.

The signature on the certificate has been updated:

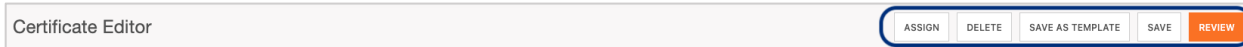


Completing the Certificate

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

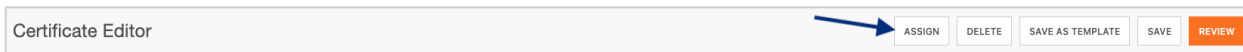
Across the top of the Certificate Editor, you will find the Editor Action buttons:

- 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”.



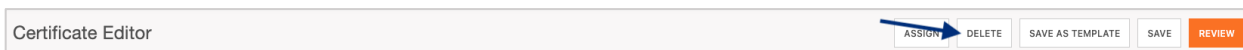
Search for and select the team member the certificate needs to be assigned to and click “Assign User”.

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

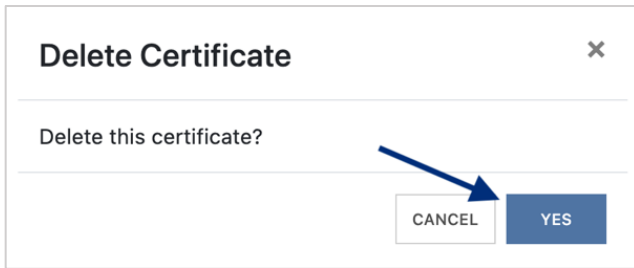


Deleting a Certificate in Progress

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



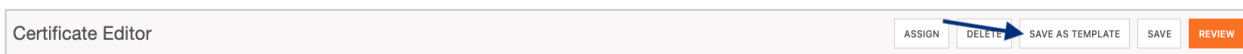
The system will prompt you to confirm if you wish to delete. Click “Yes” to proceed with the deletion.



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.

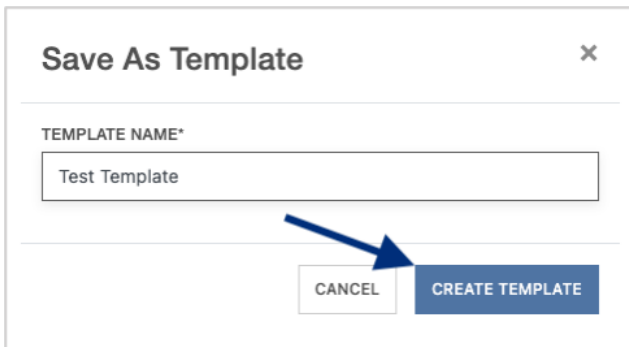
Saving as a Certificate Template

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



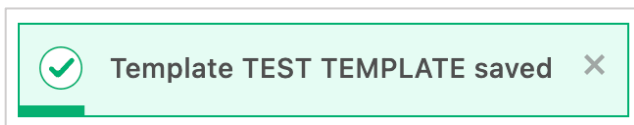
A horizontal toolbar for the "Certificate Editor". It contains five buttons: "ASSIGN", "DELETE", "SAVE AS TEMPLATE", "SAVE", and "REVIEW". A blue arrow points from the "DELETE" button to the "SAVE AS TEMPLATE" button.

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.

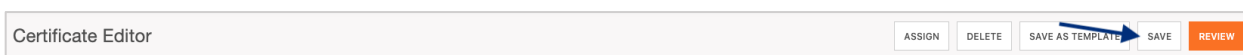


A green confirmation message box with a checkmark icon on the left. The text reads "Template TEST TEMPLATE saved" followed by a close button (X).

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 | IN PROGRESS | 4581613 | — | TEST NAMED INS... | TEST HOLDER | AUTO, GL, UMB, ... | 25 | 0 | <div style="border: 1px solid gray; padding: 5px; display: inline-block;"> x </div> <div style="border: 1px solid gray; padding: 5px; margin-top: 5px;"> 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.

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

COVERAGES
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.

CERTIFICATE NUMBER: 2638 **REVISION NUMBER:**

| LINE | TYPE OF INSURANCE | ACORD FORM | ISSUE DATE | POLICY NUMBER | POLICY EFFECTIVE DATE | POLICY EXPIRATION DATE | 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"/> PER <input type="checkbox"/> LOC <input type="checkbox"/> OTHER | | | GLS120 | 09-01-2020 | 09-01-2021 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 50,000 LIMITED EXP (30 day max period) \$ 5,000 PERSONAL & ADY INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> SCHEDULED <input type="checkbox"/> AUTO-ONLY <input type="checkbox"/> AUTO <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> AUTO-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"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEFENSE RETENTION | | | EXCESS9120 | 09-01-2020 | 09-01-2021 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| A | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANNUAL PREMIUM/RETENTION \$ 7.5 <input checked="" type="checkbox"/> STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> MANDATORY IN NH <small>If yes, describe scope of operations below</small> | | | OOSWC9120 | 09-01-2020 | 09-01-2021 | 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.

| | |
|--|--|
| CERTIFICATE HOLDER Sample Holder 123 Main Street Miami, FL 33133 | 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 Certificate Hero |
|--|--|

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ADDITIONAL REMARKS SCHEDULE

AGENCY CUSTOMER ID:
LOC #:
 Page 2 of 2

| | |
|---|--|
| AGENCY YOUR AGENCY HERE POLICY NUMBER CARRIER | NAMED INSURED Named Insured NAC CODE EFFECTIVE DATE: |
|---|--|

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.

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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 right corner of this area, where a '+ LANGUAGE LIBRARY' link is visible.
- 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 the top left corner of this box.
- 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'.

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:

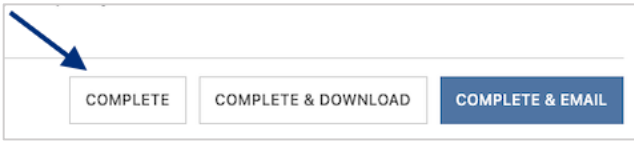
- Enter the destination fax number and contact name.
- Enter the fax subject.
- Enter any fax verbiage.
- Mark whether the certificate needs to be deactivated after issuance.

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 right corner of this area.
- ATTACH A FILE (OPTIONAL):** A dashed box containing the text 'Drag and drop your file here or click to browse'.
- 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.

