



CERTIFICATE HERO®

The Anatomy of the Certificate Editor

Table of Contents

WHAT IS THE CERTIFICATE EDITOR?	3
NOTES TAB	3
HISTORY TAB	4
CERTIFICATE INSURANCE DOCUMENTS (CID) TAB	4
CONTRACTS TAB	5
INSURANCE TAB	5
REQUIREMENTS TAB	6
REQUIREMENTS – NON-COMPLIANT LINE OF BUSINESS(ES) (LOB)	6
REQUIREMENTS – COMPLIANT LINE OF BUSINESS(ES) (LOB)	7
CERTIFICATE PREVIEW	8
UPDATING THE AGENCY CONTACT	9
UPDATING THE NAMED INSURED	9
UPDATING THE POLICIES	9
UPDATING THE DESCRIPTION OF OPERATIONS	9
UPDATING THE CERTIFICATE HOLDER	9
UPDATING THE SIGNATURE	9
COMPLETING THE CERTIFICATE	10
ASSIGNING THE CERTIFICATE	10
DELETING A CERTIFICATE IN PROGRESS	10
SAVING AS A CERTIFICATE TEMPLATE	10
SAVING CERTIFICATE FOR LATER	10
REVIEWING THE CERTIFICATE	10
<i>Certificate Issuance</i>	11

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 review a sample certificate and pull the required policies.

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.

Each of these methods will take you into the [Certificate Editor](#).

This guide will take you through the [Anatomy of the Certificate Editor](#) and its various segments.

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

What is the Certificate Editor?

The Certificate Editor is the instrument used for creating, revising, and issuing certificates of insurance (COI). In this user-friendly interface, each tab and grey selector has its own importance, allowing you to easily customize any part of the certificate.

Notes Tab

The **Notes** tab of the Certificate Editor will display notes pertaining to the Insured(s) and the Certificate.

Insured Notes: General information regarding the Insured(s) and COI processing instructions.

Certificate Notes: Information regarding the specific COI.

[Back to Top](#)

History Tab

The **History** tab offers an overview of the certificate's life cycle providing an audit of actions related to the certificate. This includes key information such as the issuance date and any subsequent revisions made to the COI after issuance.

Certificate Editor

Notes **History** CID Contract Insurance Requirements Holder

Origin	Certificate#	User	Issued at
REVISE	4711425	nvandgrift@certificatehero.com	--
EDITOR	4581613	nvandgrift@certificatehero.com	1/2/2024, 12:52:22 PM

ENDORSEMENTS 0 endorsements attached

145%

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE: MM/DD/YYYY 1/2/2024

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

CONTACT: TEST AGENCY CONTACT NAME: TEST AGENCY CONTACT PHONE: (555) 555-5555 FAX: (555) 555-5550 ADDRESS: testcontact@testagency.com

INSURER A: Crum & Forster Specialty Ins Co 44520
INSURER B: State Automobile Mutual Insurance Co. 25135
INSURER C: Argonaut Insurance Company 19801
INSURER D:
INSURER E:
INSURER F:

COVERAGES CERTIFICATE NUMBER: 4711423 REVISION NUMBER:

LINE	TYPE OF INSURANCE	DESCRIPTION	POLICY NUMBER	POLICY EFF. DATE	POLICY EXPI. DATE	LIMITS	
X	COMMERCIAL GENERAL LIABILITY	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> Contractor's Pollution Liability	Add Policy			EACH OCCURRENCE \$ 2,000,000 FEDERAL RETIREE BENEFITS (EA EXCLUSION) \$ 50,000 MED EXP (per person) \$ 5,000	
A		GEN. AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PERIOD <input type="checkbox"/> LOC <input type="checkbox"/>	EPK-130365	03-15-2020	03-15-2021	PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOUND AGG \$ 2,000,000	
X	AUTOMOBILE LIABILITY	ANY AUTO OWNED <input checked="" type="checkbox"/> SCHEDULED <input type="checkbox"/> AUTO ONLY <input checked="" type="checkbox"/> AUTO OWNED <input type="checkbox"/> AUTO ONLY <input type="checkbox"/>	Add Policy	10019386CA	03-15-2020	03-15-2021	UNINSURED MOTORIST \$ 1,000,000 BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE (per accident) \$
A	UMBRELLA/LIAB EXCESS LIAB	CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	Add Policy	EPX-114784	03-15-2020	03-15-2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
X	WORKERS COMPENSATION AND EMPLOYER LIABILITY	RETENTIONS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>	Add Policy			AGGREGATE \$ 1,000,000 E.I. EACH ACCIDENT \$ 1,000,000	

Certificate Insurance Documents (CID) Tab

The Certificate Issuance Document (CID) is a document that details what is required for processing certificates. If a CID is used by an Agency, it will be displayed within the **CID** tab.

If the CID is not showing and needs to be added, it can be uploaded within the Certificate Editor as well.

Certificate Editor

Notes History **CID** Contract Insurance Requirements Holder

You currently do not have any Certificate Insurance Documents uploaded. [CLICK HERE TO UPLOAD](#) on now or go to the [CID MANAGER PAGE](#)

ENDORSEMENTS 0 endorsements attached

145%

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INSURER B: State Automobile Mutual Insurance Co. 25135
INSURER C: Argonaut Insurance Company 19801
INSURER D:
INSURER E:
INSURER F:

COVERAGES CERTIFICATE NUMBER: 4711423 REVISION NUMBER:

LINE	TYPE OF INSURANCE	DESCRIPTION	POLICY NUMBER	POLICY EFF. DATE	POLICY EXPI. DATE	LIMITS	
X	COMMERCIAL GENERAL LIABILITY	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> Contractor's Pollution Liability	Add Policy			EACH OCCURRENCE \$ 2,000,000 FEDERAL RETIREE BENEFITS (EA EXCLUSION) \$ 50,000 MED EXP (per person) \$ 5,000	
A		GEN. AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PERIOD <input type="checkbox"/> LOC <input type="checkbox"/>	EPK-130365	03-15-2020	03-15-2021	PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOUND AGG \$ 2,000,000	
X	AUTOMOBILE LIABILITY	ANY AUTO OWNED <input checked="" type="checkbox"/> SCHEDULED <input type="checkbox"/> AUTO ONLY <input checked="" type="checkbox"/> AUTO OWNED <input type="checkbox"/> AUTO ONLY <input type="checkbox"/>	Add Policy	10019386CA	03-15-2020	03-15-2021	UNINSURED MOTORIST \$ 1,000,000 BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE (per accident) \$
A	UMBRELLA/LIAB EXCESS LIAB	CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	Add Policy	EPX-114784	03-15-2020	03-15-2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
X	WORKERS COMPENSATION AND EMPLOYER LIABILITY	RETENTIONS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>	Add Policy			AGGREGATE \$ 1,000,000 E.I. EACH ACCIDENT \$ 1,000,000	

Requirements Tab

If a contract is uploaded or insurance clause is entered, you will find the contractually required LOBs within the **Requirements** tab. This will display any compliant and/or non-compliant policies. You can expand the LOB to review the coverage requirements extracted from the uploaded contract or manually entered insurance clause.

Certificate Editor

Notes History CID Contract Insurance **Requirements** Holder

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

ENDORSEMENTS 0 endorsements attached

145%

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE: (MM/DD/YYYY) 1/2/2024

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PRODUCER: Highpoint Insurance Group, LLC, 4306 FM 2381, Friendswood, TX 77546

CONTACT: TEST AGENCY CONTACT, 123 Main St, Nashville, TN 37219

INSURER A: Crum & Forster Specialty Ins Co, 44520

INSURER B: State Automobile Mutual Insurance Co, 25135

INSURER C: Argonaut Insurance Company, 19021

INSURER D:

INSURER E:

INSURER F:

CERTIFICATE NUMBER: 4711423 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.

TYPE	TYPE OF INSURANCE	INSURER	POLICY NO(S)	POLICY NUMBER	POLICY EFF. DATE	POLICY EXPI. DATE	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTORS PUBLISHERS LIAB <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> ACT <input type="checkbox"/> LOC			EPK-130365	03-15-2020	03-15-2021	EACH OCCURRENCE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> SCHEDULED <input type="checkbox"/> AUTO ONLY <input type="checkbox"/> AUTO <input checked="" type="checkbox"/> NON-OWNED <input type="checkbox"/> AUTO ONLY <input type="checkbox"/> AUTO ONLY			10019386CA	03-15-2020	03-15-2021	COVERED BODILY LIMIT \$ 1,000,000 BODILY INJURY (per person) \$ 50,000 BODILY INJURY (per accident) \$ 50,000 PROPERTY DAMAGE (per accident) \$ 50,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> INTENTIONAL <input type="checkbox"/> CLAMS-MADE			EPK-114784	03-15-2020	03-15-2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> EMPLOYERS LIABILITY <input type="checkbox"/> EMPLOYERS LIABILITY						X [] FUTURE [] 10% P.L. EACH ACCIDENT \$ 1,000,000

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

A *non-compliant* LOB will be easily identifiable by a highlighted **red boarder**. 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 uploaded contract or manually entered insurance clause.

Certificate Editor

Notes History CID Contract Insurance **Requirements** Holder

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, you can expand the LOB, and review the coverage requirements identified from the uploaded contract or manually entered insurance clause.

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](#)

Certificate Preview

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



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.

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PRODUCER Highpoint Insurance Group, LLC. 4300 FM 2351 Friendswood, TX 77546	CONTACT NAME: Marcelo S PHONE [A/C, No, Ext]: (305) 343-6023 E-MAIL ADDRESS: marce.scaglione@gmail.com FAX [A/C, No]:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Blackhawk Measurement Consulting, LLC PO BOX 248 Wicklett, TX 79788		

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	ADDL 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/PO/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	Y/N N/A	Add Policy			PER STATUTE 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) [Edit Description of Operations](#)

CERTIFICATE HOLDER Select/Add Holder	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.
Sign Here	AUTHORIZED REPRESENTATIVE 

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[Back to Top](#)

Updating the Agency Contact

ch endorsement(s).		Select Contact
CONTACT NAME: TEST AGENCY CONTACT		
PHONE (A/C, No, Ext): (555) 555-5555	FAX (A/C, No): (555) 555-5550	
E-MAIL ADDRESS: testcontact@testagency.com		

Updating the Named Insured

INSURED	Select Named Insured(s)
TEST NAMED INSURED 123 Main St Nashville, TN 37219	

Updating the Policies

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			EPK-130365	03-15-2020	03-15-2021	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input checked="" type="checkbox"/> Contractor's Pollution Liab						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
	OTHER:						PRODUCTS - COMPI/OP AGG	\$ 2,000,000
						\$		

Updating the Description of Operations

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

Updating the Certificate Holder

CERTIFICATE HOLDER	Select/Add Holder
TEST HOLDER 123 Main St Hollywood, CA 90028	

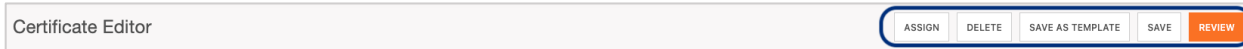
Updating the Signature

AUTHORIZED REPRESENTATIVE
Sign Here 

[Back to Top](#)

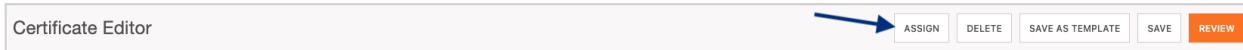
Completing the Certificate

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.



Assigning the Certificate

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



Deleting a Certificate in Progress

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



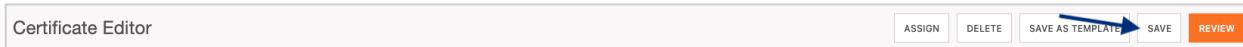
Saving as a Certificate Template

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



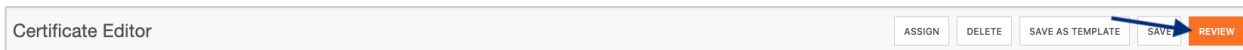
Saving Certificate for Later

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



Reviewing the Certificate

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



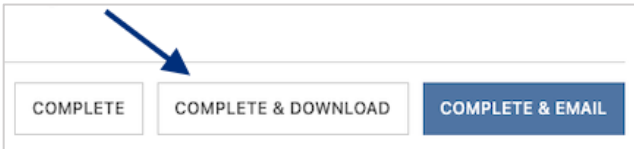
From here, you can review the certificate you just created and prepare for distribution via email/fax.

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.

