

## **SAMPLE CERTIFICATE OF INSURANCE (COI)**

(This is a sample document for reference only. Subcontractors must provide a valid COI from their insurance provider.)

### **CERTIFICATE OF LIABILITY INSURANCE**

Date: [MM/DD/YYYY]

#### **PRODUCER:**

[Insurance Agency Name]

[Address]

[City, State, Zip]

[Phone Number]

[Email Address]

#### **INSURED:**

[Subcontractor's Business Name]

[Subcontractor's Address]

[City, State, Zip]

[Phone Number]

#### **INSURER(S) AFFORDING COVERAGE:**

Insurer A: [General Liability Insurance Provider]

Insurer B: [Workers' Compensation Provider]

Insurer C: [Auto Liability Provider]

### **COVERAGE DETAILS**

This is to certify that the policies listed below have been issued to the insured named above for the policy period indicated. These policies are subject to all the terms, exclusions, and conditions of such policies.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
General Liability	[Policy #]	[MM/DD/YYYY]	[MM/DD/YYYY]	\$1,000,000 per occurrence / \$2,000,000 aggregate
Products & Completed Operations	[Policy #]	[MM/DD/YYYY]	[MM/DD/YYYY]	\$2,000,000 aggregate
Workers' Compensation	[Policy #]	[MM/DD/YYYY]	[MM/DD/YYYY]	Statutory Limits
Employers' Liability	[Policy #]	[MM/DD/YYYY]	[MM/DD/YYYY]	\$500,000 each accident
Automobile Liability	[Policy #]	[MM/DD/YYYY]	[MM/DD/YYYY]	\$1,000,000 per accident
Umbrella / Excess Liability	[Policy #]	[MM/DD/YYYY]	[MM/DD/YYYY]	\$2,000,000 aggregate

### **ADDITIONAL INSURED**

Element Home Creations is listed as an **additional insured** under General Liability and Auto Liability policies.

**CERTIFICATE HOLDER**

Element Home Creations  
9711 Washingtonian Blvd. Suite 550  
Gaithersburg, MD 20878

**CANCELLATION CLAUSE**

Should any of the above-described policies be canceled before the expiration date, **30 days' written notice** will be given to the certificate holder listed above.

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This certificate is issued as a matter of information only and confers no rights upon the certificate holder. It does not amend, extend, or alter the coverage afforded by the policies above.

**Authorized Representative:**

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[Insurance Agent Name]  
[Title]

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**NOTE TO SUBCONTRACTORS:**

- Your actual COI must be issued by your insurance provider.
- Ensure all policies meet the insurance requirements outlined in the **Subcontractor Agreement**.
- Submit a current COI before beginning any work with Element Home Creations.

✉ **Submit COIs to:** [support@elementhomecreations.com](mailto:support@elementhomecreations.com)