

# CERTIFICATE OF INSURANCE

## SECTION 00 6216

This certificate of insurance neither affirmatively nor negatively amends, extends, or alters the coverage afforded by the policies below.

<b>INSURED:</b> (Contractor's Name & Address)				<b>COMPANIES PROVIDING COVERAGE w/ MID Lic or NAIC #</b>					
				<b>A</b>	#				
				<b>B</b>	#				
				<b>PROJECT:</b> (Number, Name & Location)				<b>C</b>	#
								<b>D</b>	#
								<b>E</b>	#
				<b>OWNER:</b> Bureau of Building, Grounds & Real Property Management				<b>F</b>	#
<b>G</b>	#								
Companies above must be approved by the MS Ins Dept at <a href="https://www.mid.ms.gov">https://www.mid.ms.gov</a> (or most up-to-date link) per Code & WComp at <a href="http://www.mwcc.ms.gov">http://www.mwcc.ms.gov</a> (MID mod'd 041615)									
Type Insurance	Co	Policy Number	Policy Period	Coverage and Minimum Amount					
General Liability Commercial General Liability				General Aggregate	\$ 1,000,000				
				Products Comp/Ops (Aggregate)	\$ 1,000,000				
				Personal Injury (Per Occurrence)	\$ 500,000				
				BI & PD (Per Occurrence)	\$ 1,000,000				
				Fire Damage (Per Fire)	\$ 50,000				
				Medical Expense (Per Person)	\$ 5,000				
Owners/Contractors Protective Liability				General Aggregate	\$ 1,000,000				
				Per Occurrence	\$ 500,000				
Automobile Liability				Bodily Injury/Property Damage Combined Single Limit (Per Occurrence)	\$ 500,000				
				<b>OR</b> Bodily Injury (Per Person)	\$ 250,000				
				Bodily Injury (Per Accident)	\$ 500,000				
				Property Damage (Per Occurrence)	\$ 100,000				
* Excess Liability (Umbrella on projects over \$500,000)				Aggregate	\$ 1,000,000				
				Per Occurrence	\$ 1,000,000				
MS Workers' Compensation (As required by Statute) Employers' Liability				Accident (Per Occurrence)	\$ 100,000				
				Disease-Policy Limit	\$ 500,000				
				Disease-Per Employee	\$ 100,000				
Property Insurance (not required when project is demolition ONLY – required for ALL other projects including paving)				<b>OR</b> Builders' Risk	Must be equal to				
				Installation Floater	Value of Work				
Other									
Certification: I certify that these policies (subject to their terms, conditions and exclusions) have been (1) issued to the Insured for the coverages and at least the amounts as indicated by companies licensed in Mississippi; (2) countersigned by a Mississippi Licensed Agent; and (3) endorsed to require the company to give thirty (30) days written notice to the Owner prior to cancellation or non-renewal of above.									
<b>Producing Agent:</b> (Name, Address and Telephone)				(Signature) <span style="float: right;">MID Lic # or countersign below</span>					
				(Name and Title of Authorized Representative) (typed)					
				Agent must be approved by the MS Ins Dept or countersign <a href="https://www.mid.ms.gov">https://www.mid.ms.gov</a>					

Check if Mississippi Licensed Agent  
 OR Countersign by Mississippi Licensed Agent MID Lic #

### Division 0

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# CERTIFICATE OF INSURANCE INSTRUCTIONS

## SECTION 00 6217

1. The *Certificate of Insurance* is a tabulation of insurance required for this Project as specified in Article 11 entitled *Insurance and Bonds* in the General Conditions (AIA Document A201, Sixteenth Edition, 2017).
2. The *Certificate of Insurance* must be completed, certified by the original signature of a Mississippi Licensed Insurance Agent and/or countersignature and bound in each set of the Contract Documents. Insurance Companies providing coverage, and Agent and/or Countersignature Agent, must be approved by the Mississippi Insurance Department on their web at <https://www.mid.ms.gov> (or most up-to-date link). (Agent does not have to be on the MID web “for providers necessarily” – but must be an approved Agent on MID web. Easier to locate Agent at MID when name agrees with MID licensed name.)
3. Indicate Insured, Project, Companies providing coverage, policy numbers and policy periods in the blanks as applicable.
4. If the "OWNERS/CONTRACTORS PROTECTIVE LIABILITY" insurance is part of the Commercial General Liability Insurance Policy, or included by endorsement, indicate the policy number and period of the CGL policy in the "OWNERS/CONTRACTORS PROTECTIVE LIABILITY" blank spaces.
5. Automobile Liability Insurance may be provided which covers Bodily Injury and Property Damage in one (1) Combined Single Limit, or may be provided with separate minimum limits as shown on the Certificate of Insurance and specified in Article 11 of the Supplementary Conditions. The person signing the Certificate of Insurance should show which option the Contractor has selected by marking out the coverage that is not provided under the policies indicated.
6. OTHER INSURANCE (if required) will be indicated by typing in the "OTHER" block and detailed in Article 11 of the Supplementary Conditions.
7. CERTIFICATION wording may not be changed without specific written approval from the Owner.
8. "Riders", Binders, TBA, TBD, or other unsolicited attachments, are not allowed as part of the *Certificate of Insurance* unless specifically requested in writing by the Owner, or specified as part of the requirements for this Project.
9. CAUTION: The *Certificate of Insurance* is intended to be used for all Projects. The Contractor must provide all insurance specified in the Contract Documents for this Project, whether indicated on this form, or not. The Contractor must verify all insurance has been provided as required.
10. In accepting the Insurance Certificate by Owner, it would be helpful if some indication is given when, and if, the Provider is a Surplus Line Carrier, a Broker, or Self Insured (because they may not be on the MID web list referenced herein). (The Owner will have to ask MID (or know) at some point.)
11. The Workers Comp insurance provider must be approved and show up on the Workers Comp web at <http://www.mwcc.state.ms.us> / Services / Proof of Coverage Inquiry / accept / etc. and at the last step – enter the “contractor’s name”.

Note: Regarding #2 and #11. At the MID web – you enter the Surety Company / Provider / Agent. At the MWCC web – You enter the Vendor’s name, then click on the policy number to see the MWCC Ins Provider.

\*\*\* END OF SECTION \*\*\*

### Division 0