

# What Makes an Acceptable Certificate of Insurance?

PRIMSC-001 DECA

DATE (MM/DD/YYYY)  
4/19/2011

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE**

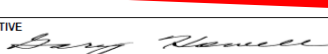
PRODUCER <b>Hibbs-Hallmark &amp; Company</b> 501 Shelley Drive P.O. Box 8357 Tyler, TX 75711	(903) 561-8484	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED <b>GLA School Corp., GLA Holding Co., dba Primrose School of Friendswood</b> 504 Pine Bluff Friendswood, TX 77546		INSURERS AFFORDING COVERAGE INSURER A: <b>Philadelphia Indemnity Ins</b> INSURER B: <b>Zurich American Ins Co</b> INSURER C: INSURER D: INSURER E:

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	AGDTL	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PHF[REDACTED]	9/20/2010	9/20/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/POP AGG \$ 3,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PHF[REDACTED]	9/20/2010	9/20/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A		EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	PHU[REDACTED]	9/20/2010	9/20/2011	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	WCO[REDACTED]	8/31/2010	8/31/2011	WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A		Property	PHF[REDACTED]	9/20/2010	9/20/2011	Building 1,315,000
A		Property	PHF[REDACTED]	9/20/2010	9/20/2011	Bus Personal Property 160,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Certificate Holder is listed as Additional Insured in regards to the General Liability for an even being held on June 3, 2011

<b>CERTIFICATE HOLDER</b> <b>Friendswood Independent School District</b> 302 Laurel Friendswood, TX 77546-	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL NOT CONSTITUTE WAIVER OF LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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This line is the name of the insurance agency

This line is the name of the insured and should be the same as the organization submitting the Application and Agreement for use of Friendswood ISD Facilities.

The amounts shown are minimum required levels of insurance.

The date(s) of the lease should always be within this time range.

There should always be a policy number here.

Friendswood ISD should be listed here as "Additional Insured".

"Friendswood ISD" or "Friendswood Independent School District" is the only name that should be listed here.

ACORD 25 (2009/01)

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These are the qualities of a correct Certificate of Insurance. FISD only accepts an application for use of FISD facilities when there is a Certificate like this one attached.