**Sample - Certificate of Insurance**

| Prior to commencing services under this Grant Agreement, the grantee must furnish the State with certification from insurer(s) for coverages in the minimum amounts as stated below. The coverages shall be maintained in full force and effect during the term of this Agreement and shall not serve to limit any liabilities or any other grantee obligations. |
| --- |
| Name and Address of Insurance Agency: | Company Letter: | Companies Affording Coverage: |
|  | A |  |
|  | B |  |
| Name and Address of Insured: | C |  |
|  | D |  |
| LIMITS OF LIABILITY MINIMUM - EACH OCCURRENCE | COMPANY LETTER | TYPE OF INSURANCE | POLICY NUMBER | DATE POLICY EXPIRES |
| Bodily Injury |  |  | Comprehensive General Liability Form |  |  |
|  Per Person |  |  | Premises Operations |  |  |
| Each Occurrence |  |  | Contractual |  |  |
| Property Damage |  |  | Independent Contractors |  |  |
| OR |  |  | Products/Completed Operations Hazard |  |  |
| Bodily Injury  |  |  | Personal Injury |  |  |
| and |  |  | Broad Form Property Damage |  |  |
| Property Damage |  |  | Explosion & Collapse (If Applicable) |  |  |
| Combined |  |  | Underground Hazard (If Applicable) |  |  |
| Same as Above |  | Comprehensive Auto Liability Including Non-Owned (If Applicable) |  |  |
| Necessary if underlying is not above minimum |  |  | Umbrella Liability |  |  |
| Statutory Limits |  |  | Workmen’s Compensation and Employer’s Liability |  |  |
|  |  |  | Other |  |  |
| State of Arizona, Early Childhood Development and Health Board are added as additional insureds as required by statute, contract, purchase order, or otherwise requested. It is agreed that any insurance available to the named insured shall be primary of other sources that may be available. | It is further agreed that no policy shall expire, be canceled or materially changed to affect the coverage available to the State without thirty (30) days written notice to the State. This Certificate is not valid unless countersigned by an authorized representative of the insurance company. |

Name and Address of Certificate Holder:

 Date Issued:

 Authorized Representative: