

# Sample CGL Certificate

Licensee/Lessee/Industry identified in the agreement must be the named insured. Norfolk Southern also requires the prime contactors CGL certificate

The amount in this "Each Occurrence" box must be at least \$1,000,000.00 or the amount in this box combined with the "Each Occurrence" coverage of any Excess Liability must be at least \$1,000,000.00

This box should contain the Name of the Railroad included as an additional insured. This certificate applies to all contracts/agreements between the named insured and Railway. **Add Railway activity #**

Name of Railway must be the **exact name of Railway** on Agreement: Example, Central of Georgia Railroad Company, Florida Railway Company ect.

ACORD		CERTIFICATE OF INSURANCE		ISSUE DATE
PRODUCER		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.		
		COMPANIES AFFORDING COVERAGE		
		Company A		
		Company B		
		Company C		
		Company D		
		Company E		
This is to certify that the policies of insurance described herein have been issued to the insured named herein for the policy period indicated. Notwithstanding any requirement, term or condition of 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, conditions and exclusions of such policies. Limits shown may have been reduced by paid claims.				
CO LT	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE EXPIRATION	LIMITS OF LIABILITY
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Owners' and Contractors' Protection <input type="checkbox"/> General Aggregate Limit applies per: <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Location			EACH OCCURRENCE \$ FIRE DAMAGE \$ MEDICAL EXPENSE \$ PERSONS AND ADVERTISING INJURY \$ GENERAL AGGREGATE \$ PRODUCTS AND COMP. OPER. AGG. \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> Any Automobile <input type="checkbox"/> All Owned Automobiles <input type="checkbox"/> Scheduled Automobiles <input type="checkbox"/> Hired Automobiles <input type="checkbox"/> Non-owned Automobiles			COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) COMPREHENSIVE COLLISION WC Statutory Limit <input checked="" type="checkbox"/> Other <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE (Each employee) \$ EL DISEASE (Policy Limit) \$
A	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>			EACH OCCURRENCE \$ AGGREGATE \$
B	<b>EXCESS LIABILITY</b> <input type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Claims Made			EACH OCCURRENCE \$ AGGREGATE \$
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.				
CERTIFICATE HOLDER		Authorized Representative		
Three Commercial Place Norfolk, VA 23510		Page 1 of 2 Certificate ID #		

Use this address

Please do NOT purchase Railroad Protective Liability Insurance