


# Weavers Way Guidelines for the Certificate of Liability Insurance

For numbers 5, 6, 7, and 8 enter your policy numbers, effective dates, and expiration dates. Fill out your coverage limits. Minimum requirements for Weavers Way are listed under limits on the sample Certificate of Liability Insurance form.

- 1 Your insurance broker name and address
- 2 Contact information for your broker
- 3 Insured party – Vendor/DBA name and address
- 4 Your insurance carrier(s) and NAIC numbers
- 5 Commercial General Liability Insurance is required and based on occurrence.
- 6 Automobile Liability Insurance is required for all vendors delivering to Weavers Way locations. Please indicate type of coverage. "Any Auto" is preferred.
- 7 Indicate any Umbrella Liability coverage on an occurrence basis.
- 8 Workers Compensation and Employers Liability is required if Vendor has any employees. Indicate "Per Statute" or "Other."
- 9 This section must use this exact language: "Certificate Holder is listed as an Additional Insured on a primary and non-contributory basis."
- 10 The certificate holder must be listed as follows with this exact language including ETAL  
Weavers Way Cooperative Association ETAL  
559 Carpenter Lane  
Philadelphia, PA 19119
- 11 Signature of Authorized Insurance Broker Representative



Policy Number: \_\_\_\_\_

## CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 1/1/2015

DATE (MM/DD/YYYY)
1/1/2015

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> 1 The Iowa Group, Inc. 1104 E High Street Pottstown, PA 19464	<b>CONTACT NAME:</b> 2 <b>PHONE (A/C No, Ext):</b> (610) 327-1980 <b>FAX (A/C No):</b> (610) 327-8267 <b>E-MAIL ADDRESS:</b> _____														
<b>INSURED</b> Sample Customer 3 1234 Any Street Anytown, PA 12345	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: A Rated or Better Carrier 4</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: A Rated or Better Carrier 4		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
5	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____			Policy Number			EACH OCCURRENCE § 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) § 1,000,000 MED EXP (Any one person) § 5,000 PERSONAL & ADV INJURY § 1,000,000 GENERAL AGGREGATE § 2,000,000 PRODUCTS - COMP/OP AGG § 2,000,000 \$
6	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			Policy Number			COMBINED SINGLE LIMIT § 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
7	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: _____    RETENTION \$: _____			Policy Number			EACH OCCURRENCE § 1,000,000 AGGREGATE § 1,000,000 \$
8	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (Mandatory in NH) IF YES, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Policy Number			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT § 100,000 E.L. DISEASE - EA EMPLOYEE § 100,000 E.L. DISEASE - POLICY LIMIT § 500,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

9 Certificate Holder is listed as Additional Insured on a primary and non-contributory basis.

<b>CERTIFICATE HOLDER</b> 10 Weavers Way Cooperative Association ETAL 559 Carpenter Lane Philadelphia, PA 19119	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Agent Signature 11
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559 Carpenter Lane  
 Philadelphia, PA 19119  
 p: 215.843.2350  
 f: 215.843.6945

Community-owned food markets open to everyone.  
[www.weaversway.coop](http://www.weaversway.coop)  
[contact@weaversway.coop](mailto:contact@weaversway.coop)