ACORD 25 (2014/01) - Certificate of Liability Insurance

ACORD 25, Certificate of Liability Insurance, is issued as a matter of information only and confers no rights upon the certificate holder. The certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed on the certificate.

The purpose of the certificate is to provide information to an interested third party regarding insurance that is in force at the time of certificate issuance. Although many companies provide notice of cancellation to certificate holders, they are not obligated to do so unless such requirement is set forth in the policy itself directly or by endorsement to the policy.

If the receiver of the certificate has no direct interest in the policy but wants to verify that liability coverage exists on a policy at the time of certificate issuance, use ACORD 25. If the receiver of the certificate does have a verifiable interest in the policy, such as an additional insured, the liability policy must name the receiver of the certificate as an additional insured directly or by endorsement to provide the appropriate coverage for the interested party prior to issuing a certificate of insurance.

ACORD 25 was designed to collect policy information based on commercial lines programs. It addresses both Claims Made and Occurrence policies and can be used for large and small contracting or manufacturing risks, lessor/lessee agreements, or other areas of liability certification.

To provide information to the owner of a leased motor vehicle or equipment, or the lender about both liability and physical damage or property coverages applying to a vehicle or equipment, use ACORD 23, Vehicle or Equipment Certificate of Insurance.

The ACORD Certificate should be issued only in compliance with company instructions.

IMPORTANT:

ACORD is required to file certificates, on behalf of form users, in a number of states. Please access the Forms Filing Requirements page on the ACORD website for details. ACORD certificates of insurance contain statements that are reflective of what is generally required by state laws and regulations.

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Section Name	Field Name	Description
IDENTIFICATION SECTION	**Date**	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	**Producer**	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer / agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer / agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer / agency.

IDENTIFICATION SECTION	**Contact Name**	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	**Phone (A/C, No, Ext)**	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	**Fax No. (A/C, No, Ext)**	Enter number: The fax number of the producer / agency.
IDENTIFICATION SECTION	**E-Mail Address**	Enter text: The producer's contact person's e-mail address.
IDENTIFICATION SECTION	**Insured**	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address line one.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address line two.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address city name.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address state or province code.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address postal code.
INSURERS AFFORDING COVERAGE	**Insurer A**	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name. As used here, this is Insurer A.
INSURERS AFFORDING COVERAGE	**NAIC #**	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC). As used here, this is Insurer A.
INSURERS AFFORDING COVERAGE	**Insurer B**	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name. As used here, this is Insurer B.
INSURERS AFFORDING COVERAGE	**NAIC #**	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC). As used here, this is Insurer B.
INSURERS AFFORDING COVERAGE	**Insurer C**	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name. As used here, this is Insurer C.
INSURERS AFFORDING COVERAGE	**NAIC #**	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC). As used here, this is Insurer C.
INSURERS AFFORDING COVERAGE	**Insurer D**	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name. As used here, this is Insurer D.
INSURERS AFFORDING COVERAGE	**NAIC #**	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC). As used here, this is Insurer D.

INSURERS AFFORDING COVERAGE	**Insurer E**	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name. As used here, this is Insurer E.
INSURERS AFFORDING COVERAGE	**NAIC #**	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC). As used here, this is Insurer E.
INSURERS AFFORDING COVERAGE	**Insurer F**	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name. As used here, this is Insurer F.
INSURERS AFFORDING COVERAGE	**NAIC #**	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC). As used here, this is Insurer F.
COVERAGE INFORMATION	**Certificate Number**	Enter identifier: The producer assigned number for the certificate.
COVERAGES	**Revision Number**	Enter number: The producer assigned revision number for the certificate.
COVERAGE INFORMATION	**Insr Ltr**	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the commercial general liability policy.
COVERAGE INFORMATION	**Commercial General Liability**	Check the box (if applicable): Indicates the claims made or occurrence option applies for the general liability policy.
COVERAGE INFORMATION	**Other General Liability Coverages - Claims-Made**	Check the box (if applicable): Indicates the "claims made" option applies on the general liability policy.
COVERAGE INFORMATION	**Occur**	Check the box (if applicable): Indicates the general liability policy, occurrence basis applies.
COVERAGE INFORMATION	**Check Box**	Check the box (if applicable): Indicates other coverage not found on the form exists for the general liability policy.
COVERAGE INFORMATION	**Field Box**	Enter text: The description of other coverage (not the limit) on the general liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	**Check Box**	Check the box (if applicable): Indicates other coverage not found on the form exists for the general liability policy.
COVERAGE INFORMATION	**Field Box**	Enter text: The description of other coverage (not the limit) on the general liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	**General Aggregate Limit Applies Per: - Policy**	Check the box (if applicable): Indicates the general liability policy, general aggregate limit applies per policy.
COVERAGE INFORMATION	**Project**	Check the box (if applicable): Indicates the general liability policy, general aggregate limit applies per project.

COVERAGE INFORMATION	**Loc**	Check the box (if applicable): Indicates the general liability policy, general aggregate limit applies per location.
COVERAGE INFORMATION	**Other checkbox**	Check the box (if applicable): Indicates the general liability policy, general aggregate limit applies to option is other than those listed on the form.
COVERAGE INFORMATION	**Other Description**	Enter text: The description of the other option to which the general liability policy, general aggregate limit applies.
COVERAGE INFORMATION	**Addl Insd**	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the certificate holder has been named as an additional insured on the general liability policy.
COVERAGE INFORMATION	**Subr Wvd**	Enter Y for a "Yes" response. Input N for "No" response. Indicates if subrogation has been waived on the general liability policy.
COVERAGE INFORMATION	**Policy Number**	Enter identifier: The identifier assigned by the insurer to the general liability policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
COVERAGE INFORMATION	**Policy Eff (MM/DD/YYYY)**	Enter date: The effective date of the general liability policy. The date that the terms and conditions of the policy commence.
COVERAGE INFORMATION	**Policy Exp (MM/DD/YYYY)**	Enter date: The date on which the terms and conditions of the general liability policy will expire.
COVERAGE INFORMATION	**Limits - Each Occurrence $**	Enter limit: The general liability, each occurrence limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as governed by the policy.
COVERAGE INFORMATION	**Damage to Rented Premises $**	Enter limit: The general liability, damage to rented premises each occurrence limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as governed by the policy.
COVERAGE INFORMATION	**Med Exp $**	Enter limit: The general liability, medical expense each person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as governed by the policy.
COVERAGE INFORMATION	**Personal & Adv Injury**	Enter limit: The general liability, personal and advertising injury limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as governed by the policy.
COVERAGE INFORMATION	**General Aggregate $**	Enter limit: The general liability, general aggregate limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as governed by the policy.

COVERAGE INFORMATION	Products- Comp/Op Agg $	Enter limit: The general liability, products and completed operations aggregate limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as governed by the policy.
COVERAGE INFORMATION	Other Limits	Enter text: The description of other coverage (not the limit) on the general liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Other Occurrence $	Enter limit: The general liability, other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the policy.
COVERAGE INFORMATION	Automobile Liability - Any Auto	Check the box (if applicable): Indicates the commercial vehicle policy covers any auto. As used here, complete this section only if you are certifying automobile liability. Check all appropriate boxes to correspond with the covered auto symbols found on the policy declarations page. If the certificate is being issued to the owner of a leased vehicle, DO NOT USE THIS FORM. Use ACORD 23, Vehicle or Equipment Certificate of Insurance.
COVERAGE INFORMATION	All Owned Autos	Check the box (if applicable): Indicates the commercial vehicle policy covers all owned autos.
COVERAGE INFORMATION	Hired Autos	Check the box (if applicable): Indicates the vehicle policy covers hired autos.
COVERAGE INFORMATION	Other Covered Auto	Check the box (if applicable): Indicates the vehicle policy covers autos other than those listed.
COVERAGE INFORMATION	Other Covered Auto Description	Enter text: The description of the other covered autos.
COVERAGE INFORMATION	Scheduled Autos	Check the box (if applicable): Indicates the vehicle policy covers scheduled autos.
COVERAGE INFORMATION	Non- Owned Autos	Check the box (if applicable): Indicates the vehicle policy covers non-owned autos.
COVERAGE INFORMATION	Other Covered Auto	Check the box (if applicable): Indicates the vehicle policy covers autos other than those listed.
COVERAGE INFORMATION	Other Covered Auto Description	Enter text: The description of the other covered autos.
COVERAGE INFORMATION	Addl Insd	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the certificate holder has been named as an additional insured on the automobile liability policy.
COVERAGE INFORMATION	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates if subrogation has been waived on the automobile policy.
COVERAGE INFORMATION	Policy Number	Enter identifier: The identifier assigned by the insurer to the automobile liability policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
COVERAGE INFORMATION	Policy Eff (MM/DD/YYYY)	Enter date: The effective date of the automobile liability policy. The date that the terms and conditions of the policy commence.

COVERAGE INFORMATION	Policy Exp (MM/DD/YYYY)	Enter date: The date on which the terms and conditions of the automobile liability policy will expire.
COVERAGE INFORMATION	Combined Single Limit $	Enter limit: The vehicle combined single limit liability each accident amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as governed by the policy.
COVERAGE INFORMATION	Bodily Injury (Per Person) $	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as governed by the policy.
COVERAGE INFORMATION	Bodily Injury (Per Accident) $	Enter limit: The vehicle policy, bodily injury per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Property Damage	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as governed by the policy.
COVERAGE INFORMATION	Other Description	Enter text: The description of the coverage.
COVERAGE INFORMATION	Other Limit	Enter limit: The limit amount of the other coverage.
COVERAGE INFORMATION	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the commercial excess or umbrella liability policy.
COVERAGE INFORMATION	Umbrella Liab	Check the box (if applicable): Indicates the type of policy is umbrella. As used here, if evidencing an umbrella coverage, underlying policy number(s), term(s) and line(s) of business may be listed on an ACORD 101.
COVERAGE INFORMATION	Excess Liab	Check the box (if applicable): Indicates the type of policy is excess. As used here, if evidencing an excess coverage, underlying policy number(s), term(s) and line(s) of business may be listed on an ACORD 101.
COVERAGE INFORMATION	Type of Insurance - Excess/Umbrella Liability - Occur	Check the box (if applicable): Indicates "coverage trigger" is on an occurrence basis on an excess or umbrella liability policy.
COVERAGE INFORMATION	Claims-Made	Check the box (if applicable): Indicates the "coverage trigger" is on a claims-made basis on an excess or umbrella liability policy.
COVERAGE INFORMATION	Deductible	Check the box (if applicable): Indicates a deductible amount applies to the excess or umbrella liability policy.
COVERAGE INFORMATION	Retention	Check the box (if applicable): Indicates a retention amount applies to the excess or umbrella liability policy.
COVERAGE INFORMATION	$ Field Box	Enter deductible: The excess or umbrella liability deductible or retention amount.

COVERAGE INFORMATION	Addl Insd	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the certificate holder has been named as an additional insured on the umbrella/excess liability policy. Place a "Y" next to each coverage where an additional insured endorsement has been issued or for umbrella / excess where there is an additional insured on the underlying primary policy and this umbrella / excess is follow form.
COVERAGE INFORMATION	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates if subrogation has been waived on the excess policy. For umbrella / excess, place a "Y" next to each coverage where subrogation has been waived on the underlying primary policy and this umbrella / excess is follow form.
COVERAGE INFORMATION	Policy Number	Enter identifier: The identifier assigned by the insurer to the excess liability policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
COVERAGE INFORMATION	Policy Eff (MM/DD/YYYY)	Enter date: The effective date of the excess liability policy. The date that the terms and conditions of the policy commence.
COVERAGE INFORMATION	Policy Exp (MM/DD/YYYY)	Enter date: The date on which the terms and conditions of the excess liability policy will expire.
COVERAGE INFORMATION	Limits - Each Occurrence $	Enter limit: The excess or umbrella liability each occurrence limit. As used here, the limit should be listed as a whole dollar amount, as governed by the policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Aggregate $	Enter limit: The excess or umbrella liability aggregate limit should be listed as whole dollar amount, as governed by the policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Field Box	Enter text: The description of other coverage (not the limit) on the excess or umbrella liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	$ Field Box	Enter limit: The excess or umbrella liability other coverage limit should be listed as a whole dollar amount, as governed by the policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the commercial workers compensation and employers liability policy.
COVERAGE INFORMATION	Type of Insurance - Workers Compensation and Employers' Liability - Any Proprietor/Partner/Executive/Officer/Member Excluded?	Enter Y for a "Yes" response. Input N for "No" response. Indicates whether the workers compensation and employers liability policy excludes any proprietor, partner, executive officer, or member. As used here, the DESCRIPTION OF OPERATIONS section is available, if needed, for details of any "Yes" response. In NH, if "Yes" response is indicated, it is mandatory to provide corresponding details in the DESCRIPTION OF OPERATIONS section.
COVERAGE INFORMATION	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates if subrogation has been waived on the workers compensation policy.

COVERAGE INFORMATION	**Policy Number**	Enter identifier: The identifier assigned by the insurer to the workers' compensation and employers liability policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
COVERAGE INFORMATION	**Policy Eff (MM/DD/YYYY)**	Enter date: The effective date of the workers' compensation and employers liability policy. The date that the terms and conditions of the policy commence. .
COVERAGE INFORMATION	**Policy Exp (MM/DD/YYYY)**	Enter date: The date on which the terms and conditions of the workers' compensation and employers liability policy will expire.
COVERAGE INFORMATION	**Limits - Per Statute**	Check the box (if applicable): Indicates that workers compensation coverage is per statute.
COVERAGE INFORMATION	**Limits - Other**	Check the box (if applicable): Indicates that additional coverage above the workers compensation statutory limits applies (permitted in some states).
COVERAGE INFORMATION	**Field Box**	Enter text: The description of other coverage (not the limit) on the workers compensation and employers liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the DESCRIPTION OF OPERATIONS section is available if more space is required.
COVERAGE INFORMATION	**E.L. Each Accident $**	Enter limit: The workers compensation and employers liability policy, employers liability each accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	**E.L. Disease- EA Employee $**	Enter limit: The workers compensation and employers liability policy, employers liability disease each employee limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as governed by the policy.
COVERAGE INFORMATION	**E.L. Disease- Policy Limit $**	Enter limit: The workers compensation and employers liability policy, employers liability disease policy limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	**Insr Ltr**	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the other policy.
COVERAGE INFORMATION	**Type of Insurance - Other**	Enter text: The description of the other policy not listed on the form.
COVERAGE INFORMATION	**Addl Insd**	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the certificate holder has been named as an additional insured on the other policy.
COVERAGE INFORMATION	**Subr Wvd**	Enter Y for a "Yes" response. Input N for "No" response. Indicates subrogation has been waived on the other policy.
COVERAGE INFORMATION	**Policy Number**	Enter identifier: The other policy number exactly as it appears on the policy, including prefix and suffix symbols.
COVERAGE INFORMATION	**Policy Eff (MM/DD/YYYY)**	Enter date: The date on which the terms and conditions of the other policy commence.

COVERAGE INFORMATION	Policy Exp (MM/DD/YYYY)	Enter date: The date on which the terms and conditions of the other policy expires.
COVERAGE INFORMATION	Coverage Code	Enter code: The coverage code for the other policy.
COVERAGE INFORMATION	Limits	Enter limit: The other policy, coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as governed by the policy.
COVERAGE INFORMATION	Coverage Code	Enter code: The coverage code for the other policy.
COVERAGE INFORMATION	Limits	Enter limit: The other policy, coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as governed by the policy.
COVERAGE INFORMATION	Coverage Code	Enter code: The coverage code for the other policy.
COVERAGE INFORMATION	Limits	Enter limit: The other policy, coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as governed by the policy.
COVERAGE INFORMATION	Description of Operations / Locations / Vehicles	Enter text: The Certificate Of Liability Insurance general remarks. The additional comments or special conditions that may exist upon the policy. ACORD 101, Additional Remarks Schedule, may be attached if more space is required. As used here, records information necessary to identify the operations, locations and vehicles for which the certificate was issued.
CERTIFICATE HOLDER	Certificate Holder Name & Address	Enter text: The certificate holder's full name.
CERTIFICATE HOLDER		Enter text: The certificate holder's mailing address line one.
CERTIFICATE HOLDER		Enter text: The certificate holder's mailing address line two.
CERTIFICATE HOLDER		Enter text: The certificate holder's mailing address city name.
CERTIFICATE HOLDER		Enter code: The certificate holder's mailing address state or province code.
CERTIFICATE HOLDER		Enter code: The certificate holder's mailing address postal code.
SIGNATURE	Authorized Representative	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.