

Request for Certificate of Insurance Naming Girl Scouts of Northern New Jersey as additionally insured

A **Certificate of Insurance (COI)** is a document issued by an insurance company, agent, or broker that certifies the existence of insurance coverage for an individual or business.

A COI proves that the facility, contractor, or service provider has insurance.

Click on **COIs on file using outside facilities** to see if the COI is on file for the facility, vendor or contractor.

If not, or if the COI on file has expired, contact the facility to request a **Certificate of Insurance** naming Girl Scouts of Northern New Jersey as additionally insured. Insurance coverage of \$1,000,000 is required. Please see **sample** below. Submit the original copy of the certificate to customercare@gsnnj.org
Attn: COI – outside facility use, or fax to 973-248-8050. The COI will be filed & listed on the Council website.

A COI is needed:

For a **high-risk activity** including ice skating, roller skating, water parks, amusement parks, boating, skiing, snow tubing, snowboarding, white water rafting, hay rides, equestrian (horse) activities, whale watching; farm visits.

When Paying a contractor for a service including a disc jockey, square dance caller, science show, animal exhibits, spa services, beauty salon services, bus and boat tours, yoga and karate instructors, and any other service providers.

When using a facility for other than what it is intended for the public – for example, going to a pizzeria and making pizzas, visiting the local supermarket and getting a “behind the scenes” tour; making bread at a local bakery, sleeping in a museum or zoo; or similar activities.

When camping, hiking, picnicking, etc. at a facility other than a GSNNJ property (unless it is a government property as noted below).

A COI is not needed:

When using or visiting a government owned facility for an activity – includes national, state, and local government owned or leased properties. Examples include post office, town or county libraries, and county parks. Parades on public streets and caroling in public neighborhoods also do not require a certificate of insurance.

When participating in an activity that is not high risk and is “typical” for the establishment. For example, eating pizza at a pizzeria; viewing a movie or play at a theater; building a bear at the mall; touring a local bank and participating in a financial literacy activity.

Note: a COI is needed for a high-risk activity even though the activity may be something that the general public does and is typical for the establishment.

When using a GSNNJ owned property – Paramus, Randolph, and Riverdale Service Centers, Paterson Resource Center, and Camps Glen Spey, Jockey Hollow, and Lake Rickabear; when attending a **GSNNJ council sponsored program or training**.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/18/2020

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).

PRODUCER Insurance Company Name Insurance Address City, ST Zip Code	CONTACT NAME: PHONE (A/C No. Ext): _____ FAX (A/C No.): _____ E-MAIL ADDRESS: _____ <table style="width: 100%; text-align: center;"> <tr> <td style="width: 80%;">INSURER(S) AFFORDING COVERAGE</td> <td>NAIC #</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER(S) AFFORDING COVERAGE	NAIC #		
INSURED Business/Vendor Name Business/Vendor Address City, ST Zip Code	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		

Limits must equal as below:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

Dates must be current

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

Certificate holder is included as an additional insured.

CERTIFICATE HOLDER Girl Scouts of Northern NJ 95 Newark Pompton Turnpike Riverdale, NJ 07457	CANCELLATION 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
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