



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/1/2023

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).

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|--|--|----------------------------|
| PRODUCER<br>AGENCY OR BROKER NAME HERE                               | CONTACT NAME: Agency representative's name     |                            |
|  | PHONE (A/C No. Ex): Agency phone #             | FAX (A/C No.): Agency Fax# |
| INSURED<br>YOUR BUSINESS NAME HERE<br>TRAVEL AGENCY & TOUR OPERATORS | E-MAIL ADDRESS: Insurance email address        |                            |
|  | INSURER(S) AFFORDING COVERAGE                  |                            |
|  | INSURER A: Insurance Company A                 | NAIC # 1234                |
|  | INSURER B: Insurance Company B (if applicable) | 5648                       |
|  | INSURER C: Insurance Company C (if applicable) | 9101                       |
|  | INSURER D:                                     |                            |
| INSURER E:   |  |                            |
| INSURER F:   |  |                            |

**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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE <input type="checkbox"/> OCCUR   |           |          | GL123ABC      | 1/1/2022                | 1/1/2023                | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000.00<br>MED EXP (Any one person) \$ 5,000.00<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 2,000,000.00<br>PRODUCTS - COMP/OP AGG \$ 2,000,000.00 |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC   |           |          |               |                         |                         |   |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS |           |          | BA456DEF      | 1/1/2022                | 1/1/2023                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|          | UMBRELLA LIAB      OCCUR<br>EXCESS LIAB      CLAIMS-MADE<br>DED      RETENTION \$  |           |          |               |                         |                         |   |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                      | Y/N<br>N  | N/A      | WC012JKL      | 1/1/2022                | 1/1/2023                | WC STATUTORY LIMITS      OTH-ER<br>E.L. EACH ACCIDENT \$ 100,000.00<br>E.L. DISEASE - EA EMPLOYEE \$ 100,000.00<br>E.L. DISEASE - POLICY LIMIT \$ 500,000.00  |
|          | <b>A</b> <b>ERRORS &amp; OMISSIONS/PROF. LIABILITY</b> EO345MNO      1/1/2022      1/1/2023      EACH CLAIM/AGG. \$2,000,000.00  |           |          |               |                         |                         |   |

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

The Shelby-Count Board of Education, its officials, agents, employees and representatives shall be named as an additional insured on liability policies. The additional insured endorsement is attached to the Certificate of Insurance.

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| <b>CERTIFICATE HOLDER</b><br>SHELBY COUNTY BOARD OF EDUCATION<br>ATTN: RISK MANAGEMENT<br>160 S HOLLYWOOD<br>MEMPHIS, TN 38112 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>SIGNATURE OF AUTHORIZED INSURANCE REPRESENTATIVE |
|--|--|

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| Name Of Additional Insured Person(s)<br>Or Organization(s):  | Location(s) Of Covered Operations |
|--|-----------------------------------|
| SHELBY COUNTY BOARD OF EDUCATION<br>160 S HOLLYWOOD<br>MEMPHIS, TN 38112                               |                                   |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |                                   |

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
  2. The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

**B. With respect to the insurance** afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THE ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### BLANKET ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the **Who Is An Insured** Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below

|  |  |
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| Endorsement Effective: 1/1/2022          | Countersigned By: Authorized Signature |
| Named Insured: VENDOR BUSINESS NAME HERE |  |

### SCHEDULE

|                     |
|---------------------|
| Endorsement Premium |
|---------------------|

- A. **Section II – Who Is An Insured** is amended to include as an "insured" *any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy.*

Such person or organization is an additional insured only with respect to liability arising out of your ongoing operations performed for that "insured". *A person's or organization's status as an "insured" under this endorsement ends when your operations for that "insured" are complete.*