


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).

<p>PRODUCER</p> <p>1 The Iowa Group, Inc. 1104 E High Street Pottstown, PA 19464</p>	<p>CONTACT NAME: 2</p> <p>PHONE (A/C No, Ext): (610) 327-1980 FAX (A/C No): (610) 327-8267</p> <p>E-MAIL ADDRESS:</p>														
<p>INSURED Sample Customer</p> <p>3 1234 Any Street Anytown, PA 12345</p>	<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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9 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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

<p>10 Weavers Way Cooperative Association ETAL 559 Carpenter Lane Philadelphia, PA 19119</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p>Agent Signature 11</p>
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Community-owned food markets open to everyone.
www.weaversway.coop
contact@weaversway.coop