# COAST TO COAST COMMUNICATIONS

# Request for Certificate of Insurance

Please  forward a copy of your current *Certificate of Insurance* (with endorsements)
as quickly as possible or forward this request to your Insurance Agent for COI submittal.
We need this information back to our office as soon as possible.

**To:  Insurance Agent**

**Re:  Insurance Certificates**

Coast to Coast Communications' Customers require that our office have a current certificate
of both a *Liability* (with endorsements) and *Worker's Compensation* insurance certificates on
file at all times.  **COI's must list "Coast To Coast Communications" as certificate holder**  .

Please send the following information to Coast To Coast Communications as noted:

    Certificate of Insurance - *Liability*  - **COI MUST include the following** *:
- Reference "Coast To Coast Communications, Inc" as additionally Insured
- All endorsements must accompany COI and include verbiage referencing:
  - Policy is "Primary & Noncontributory"
  - Policy must contain "Waiver of Subrogation"

    Certificate of Insurance - *Worker's Comp*
- If you are self-employed and do not carry Workers Compensation, please copy the following statement on your company letterhead, completing the highlighted information and submit it back to our office.

*Our Company, (list Company name) filing under TIN# (provide TIN# or SS#) is a (list type of entity ie: Sole Proprietor or LLP) in the state of (list state in which you hold your business license) and as of (year your company became exempt) we are not required to hold Worker's Comp Insurance for the following reason(s): (list reason ie: no employees, etc.)*

It is important for the continued or future work that we receive a copy of these certificates and
the remain current at all times.  If possible, please set us up on *Automatic Annual Submittal* to
ensure the COI remain current and future work is not suspended.

Thank you for your cooperation in this matter.

Sincerely,
Coast to Coast Communications, Inc

\* If your insurance compaby will be charged an additional fee to include endorsements, please contact our office
before incurring this cost or accepting work so we can mutually agree on the best way to proceed.

*Request your agent to return your COI to:     AP@c2ccomm.com     or     via fax 949-606-9694*

# ACORD® CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/02/2022

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 have ADDITIONAL INSURED provisions or 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 | CONTACT NAME: Jane Smith | |
|---|---|---|
| My Insurance Agent.com<br>55 Sycamore Lane<br>Anytown, CA 92551 | PHONE (A/C, No, Ext): (951) 555-1212 | FAX (A/C, No): (951) 555-1216 |
| | E-MAIL ADDRESS: JSmith@myagent.com | |

| | INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|---|
| INSURER A : | Sentinel Insurance Company | 11000 |
| INSURER B : | | |
| INSURER C : | | |
| INSURER D : | | |
| INSURER E : | | |
| INSURER F : | | |

INSURED
ABC Company
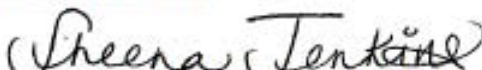1121 Main Street, Ste 125
Anytown, CA 92551

## COVERAGES    CERTIFICATE NUMBER: 00002836-366004    REVISION NUMBER: 60

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 | X COMMERCIAL GENERAL LIABILITY<br>☐ CLAIMS-MADE  X OCCUR | Y | Y | 72SBABC4608 | 05/07/2022 | 05/07/2023 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 1,000,000 |
| | | | | | | | MED EXP (Any one person) | $ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY  ☐ PRO-JECT  ☐ LOC<br>OTHER: | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | | | | | | | | $ |
| | AUTOMOBILE LIABILITY<br>☐ ANY AUTO<br>☐ OWNED AUTOS ONLY  ☐ SCHEDULED AUTOS<br>☐ HIRED AUTOS ONLY  ☐ NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | | | | | | | BODILY INJURY (Per person) | $ |
| | | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| A | ☐ UMBRELLA LIAB  ☐ OCCUR<br>☐ EXCESS LIAB  ☐ CLAIMS-MADE<br>☐ DED  ☐ RETENTION $ | | | | | | EACH OCCURRENCE | $ |
| | | | | | | | AGGREGATE | $ |
| | | | | | | | | $ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  Y<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | 72WECAD0V9S | 03/15/2022 | 03/15/2023 | X PER STATUTE  ☐ OTHER | |
| | | | | | | | E.L. EACH ACCIDENT | $ 1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | $ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ 1,000,000 |

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

Coast to Coast Communications, Inc. is included as Additionally Insured as respects to General Liability and work performed by named insured per attached blanket endorsement(s). Coverage is on a Primary and Non Contributory basis. Waiver of Subrogation in favor of General Liability.

** Info Required **

| CERTIFICATE HOLDER | CANCELLATION |
|---|---|
| Coast to Coast Communications, Inc.<br>34145 Pacific Coast Hwy #635<br>Dana Point, CA 92629 | 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>*Sheena Jenkins* (SMJ) |

ACORD 25 (2016/03)    The ACORD name and logo are registered marks of ACORD

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