Sample COI Template - Corporate Office Properties Trust
Waste Removal or Pest Management Services

CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
MM/DD/YYYY

PRODUCER

INSURED
Name of Insured
Address
City, State, Zip

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : List all insurers (AM Best *A-* Required)	List all NAICs
INSURER B :	
INSURER C :	
INSURER D :	

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS	
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR _____ _____			Required	Required	Required	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY X ANY AUTO [ ] ALL OWNED AUTOS X HIRED AUTOS [ ] SCHEDULED AUTOS X NON-OWNED AUTOS			Required	Required	Required	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000
	EXCESS / UMBRELLA LIABILITY			Required	Required	Required	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		Required	Required	Required	X PER STATUTE [ ] OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
	POLLUTION *(Can be included in CGL policy ---* *Cert must state Pollution Is included)*			Required	Required	Required	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000

DESCRIPTION OF OPERATIONS:

- **Additional Insureds must read:** "Corporate Office Properties LP, and its Agents, and their respective Members, Partners, Executive Officers, and Directors are included as Additional Insureds on the General Liability and Excess/Umbrella Policies".
- **Primary & Non-contributory:** The CGL policy is Primary and Non-contributory.
- **Waiver of Subrogation:** A Waiver of Subrogation applies to the CGL, Auto, and Workers Compensation policies
- **Excess/Umbrella:** The Excess/Umbrella is Follow Form over CGL, Auto, and Employers Liability policies

CERTIFICATE HOLDER

Corporate Office Properties Trust
6711 Columbia Gateway Drive
Suite 300
Columbia, MD 21046-2104

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

ELECTRONIC OR WRITTEN SIGNATURE REQUIRED

All certificates should be emailed to coptvendors@bcsops.com or faxed to 1-877-455-1226 * BCS Phone 862-242-5556

Aug 14, 2014