Sample Certificate of Insurance (COLI) - Ask your insurance company for your group's Acord 25 COLI and make sure it has all the following information. Your COLI must be submitted to the Guest Group Coordinator, prior to your arrival.

ACORD "

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) XX/XX/XXXXX

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

certificate holder in lieu of such endorsement(s).								
PRO	DUCER			CONTACT NAME: Insu	rance Company	Contact		
In	surance Company Name			PHONE (A/C, No. Ext): Insurance Phone (A/C, No.): Insurance Fax				
				E-MAIL ADDRESS:	nsurance Email			
& Address					NAIC#			
				INSURER A : Insu	rance Company Na	me	XXXXX	
INSU	RED			INSURER B:				
Charack (Caraca Nama				INSURER C:				
CI	nurch/Group Name			INSURER D :				
&	Address			INSURER E :				
				INSURER F:				
CO	/ERAGES CEF	RTIFICATI	E 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.								
	CLUSIONS AND CONDITIONS OF SUCH						U ALL THE TEHMS,	
INSR LTR	TYPE OF INSURANCE	ADDL SUBF		POLICY (MM/DD/Y	EFF POLICY EXP YYY) (MM/DD/YYYY)	LIMIT	rs	
	COMMEDCIAL CENEDAL LIABILITY							

INSR	TYPE OF INSURANCE		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: PRO- DOTHER:			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX/XX/XXXX	\$XX/XX/XXXX	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$ \$ \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$ \$ \$ \$ \$ \$
	EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER OTH- STATUTE OTH- EL. EACH ACCIDENT E.L. DISEASE - POLICY LIMIT	-

Camp Berea, Inc. (DBA Camp Berea) is listed as additional insured for retreat dating xx/xx/xxxx xx/xx/xxxx

CERTIFICATE HOLDER	CANCELLATION
Camp Berea, Inc. DBA Camp Berea	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
68 Berea Rd	AUTHORIZED REPRESENTATIVE
Hebron, NH 03241	Signature