



Navigating **Certificate of Insurance Requirements** for Vendor Representatives

In order to meet the credentialing requirements of the healthcare facilities they serve, Healthcare Industry Representatives (HCIRs) may be required to obtain a Certificate of Liability Insurance as part of the credentialing process.

GHX, with its extensive network of nearly 9,000 healthcare locations, has compiled a list of frequently asked questions to assist HCIRs in gaining a better understanding of Certificates of Liability and how they can fulfil this requirement.

KEY CONSIDERATIONS AND FREQUENTLY ASKED QUESTIONS

What is a Certificate of Liability Insurance?^{1,2}

A certificate of insurance is a document that provides policy details on your liability insurance coverage, providing proof that you possess professional liability insurance, general liability insurance, or a business owners' policy. This document typically includes information such as the types and limits of coverage, the insurance company that issued the policy, your policy number, the named insured, and the policy's effective date.

Who within in my organization can provide assistance with the Certificate of Insurance?

Usually, Human Resources or a Credentialing Administrator can assist or direct you to the appropriate personnel. If you're using [GHX Credentialing Managed Service](#), you can reach out to your GHX Customer Success Manager for assistance.

Who are the 'Insured' and 'Additional Insured'?²

- 1 The 'Insured' is the company named on the certificate of insurance covered under the policy and limits provided.
- 2 An 'Additional Insured' is a person or entity, other than the company named insured, covered under the insurance policy. This section is most often used to detail additional lines of coverage such as named subsidiaries or affiliates, and independent manufacturer's representatives.

What if I am named as the 'Certificate Holder', but not listed as an 'Additional Insured'?

- 3 If you are a distributor, affiliate, subsidiary, or independent representative, and the Certificate of Liability designates you or your company as the 'Certificate Holder', it may be necessary for you to be listed as an 'Additional Insured'. Please review the requirements of the healthcare facility.

Do Certificates of Insurance expire?

Yes, Certificates of Insurance have expiration dates. Expired Certificates of Insurance can lead to noncompliance, which in turn can result in being denied access to a healthcare location.

- 4
- 5 Different lines of policy coverage may expire on different dates. Please refer to the policy expiration date columns to confirm your coverage is up to date.

Where can I find information about the minimum coverage requirements?

- 6 The liability coverage limits should meet the minimum coverage requirements of the healthcare facility. For additional information, please refer to the insurance requirement instructions in your Vendormate profile by selecting the requirement name on the 'My Credentials' page.

What are some of the commonly required lines of coverage?

- 7 Commercial General Liability
- 8 Completed Products
- 9 Workers Compensation & Employers' Liability

¹ Forbes: [Certificate of Liability Insurance: What It Is & How to Get One](#)

² Landes Bloch: [What Is A Certificate Of Liability Insurance \(COI\)?](#)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

| | | |
|----------|-------------------------------|----------------|
| PRODUCER | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| INSURED | INSURER A : | |
| | INSURER B : | |
| | INSURER C : | |
| | 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 SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--------------------------|--------------------------|--------------------------|-------------------------|---|
| 7 | GENERAL LIABILITY | | | 4 | 5 | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY | <input type="checkbox"/> | <input type="checkbox"/> | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |
| | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | | | | | MED EXP (Any one person) \$ |
| | | | | | | PERSONAL & ADV INJURY \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE \$ |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | PRODUCTS - COMP/OP AGG \$ |
| | | | | | | \$ |
| | AUTOMOBILE LIABILITY | <input type="checkbox"/> | <input type="checkbox"/> | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ANY AUTO | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | \$ |
| 9 | UMBRELLA LIAB | <input type="checkbox"/> | <input type="checkbox"/> | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | AGGREGATE \$ |
| | DED <input type="checkbox"/> RETENTION \$ | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> | Y / N | <input type="checkbox"/> | N / A | E.L. EACH ACCIDENT \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$ |

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

| | |
|----------------------|--|
| 3 CERTIFICATE HOLDER | 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 |

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