

# Job Aid: State of TN CPO Supplier's Certificate of Insurance Job Aid

## **Proof of Insurance**

# **Purpose**

The purpose of this job aid is to provide information about the State of Tennessee's standard requirements of Insurance Coverage and how the Certificate of Insurance (COI) document should be completed.

### **Contents**

- 1. Submission Information (pg. 1)
- Certificate of Liability Insurance Form Requirements Instructions for insurance carriers as to how the Proof of Insurance must be completed to be considered compliant with State Policy (pg. 2)
- 3. Insurance Requirements (pg. 5)
  - a. Contract Language a selection of the standard contract language pertaining to insurance requirements
  - b. Standard Requirements Listed a breakdown of the pertinent requirements, item by item.
- 4. Glossary of Acronyms (pg. 8)

# **Submission Information**

The standard ACORD Certificate of Liability Insurance form (Acord #25) (see sample below) is the State's preferred documentation of proof of insurance. Suppliers can find more information regarding the ACORD Certificate of Liability Insurance form at <a href="www.acord.org">www.acord.org</a> or from the Supplier's insurance provider.

Certificates of Insurance may be submitted via email, fax or mail.

- 1. Email: <a href="mailto:Vendor.Insurance@tn.gov">Vendor.Insurance@tn.gov</a> (preferred)
- 2. Fax: (615) 741-0684
- 3. Mail: State of Tennessee CPO Risk Manager, 312 Rosa L Parks Ave, 3rd floor Central Procurement Office, Nashville, TN 37243

# **Certificate of Liability Insurance Form Requirements**

# **Example COI:**

_									
ACORD® CI	ER'	TIF	ICATE OF LIAE	3ILI7	TY INSU	JRANCE	DA	ATE (MM/DD/YYYY) 5/9/2023	
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 SAME DOES NOT THE STATE OF THE STAT									
Insurance Provider and Associat									
					. Ext): (615)	333-3333	(A/C, No): (615	1000-0006	
1234 Main St				ADDRE	SS: OILLIE III				
					INS	SURER(S) AFFOR	DING COVERAGE	NAIC #	
Nashville TN 37243					INSURERA: Fire Insurance Company				
INSURED					INSURER B: Insurance Company LTD				
Generic Registered State of Tennessee Supplier					INSURER C: Specialty Insurance Company				
4321 Central Avenue					INSURERD: Underwriters at Lloyd's of London				
Suite 200					INSURER E :				
Louisville KY 40201 INSURERF:									
COVERAGES CERTIFICATE NUMBER: CL123456789 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 WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000	
A CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000	
	x	Y	CGL2023		10/5/2022	10/5/2023	MED EXP (Any one person) \$	10,000	
							PERSONAL & ADV INJURY \$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000	
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,000	
OTHER:							\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000	
- ANY AUTO							BODILY INJURY (Per person) \$	1,000,000	
A ALLOWNED SCHEDULED		Y	AL2023		10/5/2022	10/5/2023	BODILY INJURY (Per accident) \$	1,000,000	
X HIRED AUTOS X AUTOS AUTOS AUTOS AUTOS AUTOS X AUTOS AUTOS		1			20,0,2022	20,0,2020	PROPERTY DAMAGE &	1,000,000	
HIRED AUTOS A AUTOS							(Per accident) \$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
DED RETENTION \$	1						AGGREGATE		
WORKERS COMPENSATION	_						X PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y / N							E.L. EACH ACCIDENT \$	1,000,000	
B (Mandatory in NH)	N/A	Y	WC2023		2/10/2023	2/10/2024			
If yes, describe under		1	102023		2,10,2023	2,10,2024	E.L. DISEASE - EA EMPLOYEE \$  E.L. DISEASE - POLICY LIMIT \$	1,000,000	
DÉSCRIPTION OF OPERATIONS below	-							1,000,000	
C Internet Liability			CYBER2023		5/1/2023	5/1/2024	Aggregate Policy Limit	\$5,000,000	
D Professional Liability			PSL2023		5/1/2023	5/1/2024	Limit of Professional Liability	\$1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACC	DRD 10	1 Additional Remarks Schedule m	av be atta	ched if more sne	ce is required)			
CERTIFICATE HOLDER				CANO	CELLATION				
State of Tennessee CPO Risk Manager 312 Rosa L. Parks, 3rd Central Procurement Off Nashville, TN 37243		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							
© 1988-2014 ACORD CORPORATION. All rights reserved.  ACORD 25 (2014/01) The ACORD name and logo are registered marks of ACORD  INS025 (201401)									

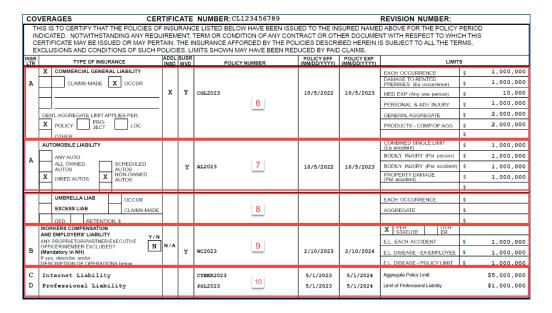
#### **COI Header Information:**



- 1. Certificate Date Must be within 90 days of the date Certificate was received by the Central Procurement Office.
- 2. Producer Insurance provider
- 3. Contact Information Insurance provider contact information
- 4. Insured Supplier's name and/or DBA as it appears in State's ERP system, with valid street address or PO Box.
- 5. Insurer(s) Insurance Company or companies that hold the policy. Must include NAIC number for any Carriers indicated as providing coverage.

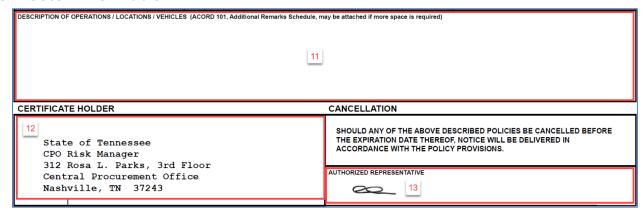
#### **COI Coverage Section:**

Mandatory coverage types and limits – these limits must equal or exceed those listed here. Some contracts may require higher limits and additional coverage types.



- 6. General Liability
  - i. Policy Number
  - ii. Policy EFF (Effective Date)
  - iii. Policy EXP (Expiration Date)
  - iv. General Liability Limits
  - v. General Liability Additional Insured
    - a. The Additional Insured (ADDL INSR) column for Commercial General Liability needs to be marked with an "X" or "Y", or
    - On the form under the label: Description of Operations/Location, it must read: The State of Tennessee is Additional Insured with respect to General Liability per contract.
- 7. Automobile Liability
  - i. Policy Number
  - ii. Policy EFF (Effective Date)
  - iii. Policy EXP (Expiration Date)
  - iv. Auto Liability Limits
- 8. Worker's Compensation
  - Policy Number
  - ii. Policy EFF (Effective Date)
  - iii. Policy EXP (Expiration Date)
  - iv. Worker's Comp Limits
- 9. Umbrella Liability
- 10. Other Insurance Types as required by contract may be listed, including Crime Liability, Cyber Liability, Pollution Liability and Professional Liability

#### **COI Footer Information:**



- 11. Description of Operations Additional information regarding the policy/policies.
- 12. Certificate Holder The CPO must be shown as the Certificate Holder as previously noted.
- 13. Authorized Representative The COI should be physically or electronically signed by an Authorized Representative of the Producer. The insertion of the name of the Producer would probably be legal to bind the coverage but not best business practices.

# **Insurance Requirements**

#### **Standard Requirements Listed:**

- 1. The COI must be on a form approved by the TDCI (standard ACORD #25 form preferred).
- 2. COI must list each insurer's National Association of Insurance Commissioners (NAIC) number and be signed by an authorized representative of the insurer.
- The COI must list as Certificate Holder:

State of Tennessee – CPO Risk Manager 312 Rosa L Parks Ave 3rd floor Central Procurement Office Nashville, TN 37243

- 4. Minimum General Liability coverage of one million dollars (\$1,000,000) per occurrence, and two million dollars (\$2,000,000) in the aggregate.
- 5. Minimum Workers' Compensation coverage of one million dollars (\$1,000,000) per employee for bodily injury by accident, one million dollars (\$1,000,000) by disease, and one million dollars (\$1,000,000) for bodily injury by disease.
- 6. Minimum Automobile Liability coverage of one million dollars (\$1,000,000) per incident.
- 7. State is to be named Additional Insured regarding General Liability.
- 8. Subrogation is to be Waived in favor of the State for *all listed policies*.

- 9. Workers' Compensation coverage must indicate (yes or no) if any employees are excluded from Workers' Compensation coverage. If "yes," an explanation of to whom the exclusion applies must be included on the Certificate.
- Failure to meet one or more of the above requirements will result in the Certificate being returned to the Supplier for correction to be completed by the representative Insurance Provider.

#### **Contract Language**

- All insurance companies providing coverage must be: (a) acceptable to the State; (b) authorized by the Tennessee Department of Commerce and Insurance ("TDCI"); and (c) rated A- / VII or better by A.M. Best. All coverage must be on a primary basis and noncontributory with any other insurance or self-insurance carried by the State. Contractor agrees to name the State as an additional insured on any insurance policy with the exception of workers' compensation (employer liability) and professional liability (errors and omissions) insurance. All policies must contain an endorsement for a waiver of subrogation in favor of the State. Any deductible or self-insured retention ("SIR") over fifty thousand dollars (\$50,000) must be approved by the State. The deductible or SIR and any premiums are the Contractor's sole responsibility. The Contractor agrees that the insurance requirements specified in this Section do not reduce any liability the Contractor has assumed under this Contract including any indemnification or hold harmless requirements.
- To achieve the required coverage amounts, a combination of an otherwise deficient specific policy and an umbrella policy with an aggregate meeting or exceeding the required coverage amounts is acceptable. For example: If the required policy limit under this Contract is for two million dollars (\$2,000,000) in coverage, acceptable coverage would include a specific policy covering one million dollars (\$1,000,000) combined with an umbrella policy for an additional one million dollars (\$1,000,000). If the deficient underlying policy is for a coverage area without aggregate limits (generally Automobile Liability and Employers' Liability Accident), Contractor shall provide a copy of the umbrella insurance policy documents to ensure that no aggregate limit applies to the umbrella policy for that coverage area. In the event that an umbrella policy is being provided to achieve any required coverage amounts, the umbrella policy shall be accompanied by an endorsement at least as broad as the Insurance Services Office, Inc. (also known as "ISO") "Noncontributory—Other Insurance Condition" endorsement or shall be written on a policy form that addresses both the primary and noncontributory basis of the umbrella policy if the State is otherwise named as an additional insured.
- Contractor shall provide the State a certificate of insurance ("COI") evidencing the
  coverages and amounts specified in this Section. The COI must be on a form approved
  by the TDCI (standard ACORD form preferred). The COI must list each insurer's National
  Association of Insurance Commissioners (NAIC) number and be signed by an authorized
  representative of the insurer. The COI must list the State of Tennessee CPO Risk

Manager, 312 Rosa L. Parks Ave., 3rd floor Central Procurement Office, Nashville, TN 37243 as the certificate holder. Contractor shall provide the COI ten (10) business days prior to the Effective Date and again thirty (30) calendar days before renewal or replacement of coverage. Contractor shall provide the State evidence that all subcontractors maintain the required insurance or that subcontractors are included under the Contractor's policy. At any time, the State may require Contractor to provide a valid COI. The Parties agree that failure to provide evidence of insurance coverage as required is a material breach of this Contract. If Contractor self-insures, then a COI will not be required to prove coverage. Instead, Contractor shall provide a certificate of self-insurance or a letter, on Contractor's letterhead, detailing its coverage, policy amounts, and proof of funds to reasonably cover such expenses. The State reserves the right to require complete copies of all required insurance policies, including endorsements required by these specifications, at any time.

- Suppliers shall obtain and maintain, at a minimum, the following insurance coverages and policy limits.
  - 1. Commercial General Liability ("CGL") Insurance
    - a. The Contractor shall maintain CGL, which shall be written on an ISO Form CG 00 01 occurrence form (or a substitute form providing equivalent coverage) and shall cover liability arising from property damage, premises and operations products and completed operations, bodily injury, personal and advertising injury, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).

The Contractor shall maintain single limits not less than one million dollars (\$1,000,000) per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this policy or location of occurrence or the general aggregate limit shall be twice the required occurrence limit.

- 2. Workers' Compensation and Employer Liability Insurance
  - a. For Contractors statutorily required to carry workers' compensation and employer liability insurance, the Contractor shall maintain:
    - i. Workers' compensation in an amount not less than one million dollars (\$1,000,000) including employer liability of one million dollars (\$1,000,000) per accident for bodily injury by accident, one million dollars (\$1,000,000) policy limit by disease, and one million dollars (\$1,000,000) per employee for bodily injury by disease.
    - ii. If the Contractor certifies that it is exempt from the requirements of Tenn. Code Ann. §§ 50-6-101 – 103, then the Contractor shall furnish written proof of such exemption for one or more of the following reasons:
      - 1. The Contractor employs fewer than five (5) employees;
      - 2. The Contractor is a sole proprietor;

- 3. The Contractor is in the construction business or trades with no employees;
- 4. The Contractor is in the coal mining industry with no employees;
- 5. The Contractor is a state or local government; or
- 6. The Contractor self-insures its workers' compensation and is in compliance with the TDCI rules and Tenn. Code Ann. § 50-6-405

#### 3. Automobile Liability Insurance

- a. The Contractor shall maintain automobile liability insurance which shall cover liability arising out of any automobile (including owned, leased, hired, and non-owned automobiles).
- b. The Contractor shall maintain bodily injury/property damage with a limit not less than one million dollars (\$1,000,000) per occurrence or combined single limit.

# **Glossary of Acronyms**

**AL** – Automobile Liability

**CGL** – Commercial General Liability

**COI** – Certificate of Insurance

**CPO** – Central Procurement Office

DBA - "Doing Business As"

**ERP System** – Enterprise Resource Planning System. An ERP System is an integrated platform used to manage all aspects of a business operation, from supply chain, financial management and human resources.

ISO - Insurance Services Office

**NAIC** – National Association of Insurance Commissioners

**SIR** – Self-insured retention

**TDCI** – Tennessee Department of Commerce and Insurance

**WC** – Workers' Compensation Insurance



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