



# Certificate of Insurance Example Guide

Central Services Division-Overweight & Overdimensional Permits  
Suite 800, James K. Polk Building  
505 Deaderick Street  
Nashville, Tennessee 37243  
(615) 741-3821    TDOT.PermitOffice@tn.gov

Please submit all Certificate of Liability with TDOT Permit Office as the Certificate Holder by mail or by email.

- Mail: 505 Deaderick St. Suite 800, Nashville, TN 37243
  - Email: TDOT.PermitOffice@tn.gov
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- ❖ For all companies or corporations, an example of a Certificate of Liability is provided on the next page.
  - ❖ Private Individuals do not require the example form provided, but must submit proof of liability insurance in the amount described above.

Please note that any person, firm, company, corporation, or other who undertakes the movement of any overweight and/or over dimensional article and/or commodity on the highways of the State of Tennessee shall hold the State of Tennessee, its officers, and employees, harmless from any claims for damages resulting from the exercise of any of the privileges granted under the special permit so issued for such overweight and/or over dimensional movement, and to this end, shall carry liability insurance with an insurer, acceptable to the TDOT Permit Office, and shall furnish a certificate of insurance to the TDOT Permit Office, in the amount of not less than three hundred thousand dollars (\$300,000) for each claimant injured and one million dollars (\$1,000,000) per occurrence.

Additionally, the certificate of insurance (COI) shall provide that the insurer shall give, to the TDOT Permit Office, written notice of intention to terminate said required insurance by certified mail, said termination to become effective thirty (30) days after receipt of said notice from the insurer by the TDOT Permits Office.



# 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 <b>Insurance Agency</b>	CONTACT NAME: PHONE (A/C. No. Ext): _____ FAX (A/C. No.): _____ E-MAIL ADDRESS: _____
<div style="display: flex; justify-content: space-around; border-top: 1px solid black; padding-top: 5px;"> <span>INSURER(S) AFFORDING COVERAGE</span> <span>NAIC #</span> </div>	
INSURED Subcontractor Name (shown on Contract) Address, City, State, Zip	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
<b>A</b>	<b>COMMERCIAL GENERAL LIABILITY</b>			Policy Number	Date	Date	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							MED EXP (Any one person)	\$ 5,000
	OTHER: _____							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
<b>B</b>	<b>AUTOMOBILE LIABILITY</b>			Policy Number	Date	Date	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/>	<input type="checkbox"/>				SCHEDULED AUTOS	\$	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				NON-OWNED AUTOS	\$	
								BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$	
							Underinsured motorist	\$ 100,000	
	<b>UMBRELLA LIAB</b>			Policy Number	Date	Date	EACH OCCURRENCE	\$	
	<b>EXCESS LIAB</b>						AGGREGATE	\$	
	DED		RETENTION \$					\$	
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			Policy Number	Date	Date	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	<input type="checkbox"/>				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
<b>A</b>				Policy Number	Date	Date	Limit	50,000	
							Deductible	1,000	

### CERTIFICATE HOLDER

Tennessee Department of Transportation  
 Permit Office  
 James K Polk Building  
 Suite 800  
 505 Deaderick St.  
 Nashville, TN 37243

### 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

## Insurance Agent Signature

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