

ACORD 30 (2016/03) - Certificate of Garage Insurance

ACORD 30, Certificate of Garage Insurance, is issued as a matter of information only and confers no rights upon the certificate holder. The certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed on the certificate.

The purpose of the certificate is to provide information to an interested third party regarding insurance that is in force at the time of certificate issuance. Although many companies provide notice of cancellation to certificate holders, they are not obligated to do so unless such requirement is set forth in the policy itself directly or by endorsement to the policy.

If the receiver of the form has no direct interest in the policy but wants to verify that garage liability coverage exists on a policy at the time of certificate issuance, use ACORD 30. If the receiver of the certificate does have a verifiable interest in the policy, such as an additional insured, the garage liability policy must name the receiver of the certificate as an additional insured directly or by endorsement to provide the appropriate coverage for the interested party prior to issuing a certificate of insurance.

ACORD 30 was designed to collect policy information based on commercial lines programs.

The ACORD Certificate should be issued only in compliance with company instructions.

IMPORTANT

ACORD is required to file certificates, on behalf of form users, in a number of states. Please access the Forms Filing Requirements page on the ACORD website for details. ACORD certificates of insurance contain statements that are reflective of what is generally required by state laws and regulations.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Producer	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Address Line 1	Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION SECTION	Address Line 2	Enter text: The mailing address line two of the producer / agency.
IDENTIFICATION SECTION	City	Enter text: The mailing address city name of the producer / agency.
IDENTIFICATION SECTION	State	Enter code: The mailing address state or province code of the producer / agency.
IDENTIFICATION SECTION	Zip	Enter code: The mailing address postal code of the producer / agency.
IDENTIFICATION SECTION	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.

IDENTIFICATION SECTION	Phone	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	Fax	Enter number: The fax number of the producer / agency.
IDENTIFICATION SECTION	Email Address	Enter text: The producer's contact person's e-mail address.
IDENTIFICATION SECTION	Insured	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	Address Line 1	Enter text: The named insured's mailing address line one.
IDENTIFICATION SECTION	Address Line 2	Enter text: The named insured's mailing address line two.
IDENTIFICATION SECTION	City	Enter text: The named insured's mailing address city name.
IDENTIFICATION SECTION	State	Enter code: The named insured's mailing address state or province code.
IDENTIFICATION SECTION	Zip	Enter code: The named insured's mailing address postal code.
IDENTIFICATION SECTION	Insurer A	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC #	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
IDENTIFICATION SECTION	Insurer B	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC #	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
IDENTIFICATION SECTION	Insurer C	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC #	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
IDENTIFICATION SECTION	Insurer D	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC #	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
IDENTIFICATION SECTION	Insurer E	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.

IDENTIFICATION SECTION	NAIC #	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
IDENTIFICATION SECTION	Insurer F	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC #	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
COVERAGES	Prod/Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
COVERAGES	Certificate #	Enter identifier: The producer assigned number for the certificate.
COVERAGES	Revision #	Enter number: The producer assigned revision number for the certificate.
COVERAGES	Insurer Letter	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the commercial garage liability policy.
COVERAGES	Any Auto	Check the box (if applicable): Indicates the "Any Auto" option applies to the commercial garage liability policy.
COVERAGES	Owned Autos Only	Check the box (if applicable): Indicates the owned autos only option applies for the garage liability policy.
COVERAGES	Hired Autos Only	Check the box (if applicable): Indicates the hired autos only option applies for the garage liability policy.
COVERAGES	Non-Owned Autos Used in Garage Business	Check the box (if applicable): Indicates the non-owned autos used in garage business option applies to the garage liability policy.
COVERAGES	Other	Check the box (if applicable): Indicates the other option applies for the garage liability policy.
COVERAGES	Describe Other	Enter text: The description of other coverage (not the limit) on the garage liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Addl Insd	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the certificate holder has been named as an additional insured on the garage liability policy.
COVERAGES	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates if subrogation has been waived on the garage liability policy.
COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the garage liability policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols.
COVERAGES	Policy Eff	Enter date: The effective date of the garage liability policy. The date that the terms and conditions of the policy commence.
COVERAGES	Policy Exp	Enter date: The date on which the terms and conditions of the garage liability policy will expire.

COVERAGES	Auto Only Limit	Enter limit: The garage liability policy, auto only each accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Ea Accident Limit	Enter limit: The garage liability policy, other than auto only each accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Aggregate Limit	Enter limit: The garage liability policy, other than auto only aggregate limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Insurer Letter	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the garage keepers liability policy.
COVERAGES	Legal Liability	Check the box (if applicable): Indicates the legal liability option applies for the garage keepers liability policy.
COVERAGES	Direct Basis	Check the box (if applicable): Indicates the direct basis option applies for the garage keepers liability policy.
COVERAGES	Primary	Check the box (if applicable): Indicates the primary option applies for the garage keepers liability policy.
COVERAGES	Excess	Check the box (if applicable): Indicates the excess option applies for the garage keepers liability policy.
COVERAGES	Addl Insd	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the certificate holder has been named as an additional insured on the garage keepers liability policy.
COVERAGES	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates if subrogation has been waived on the garage keepers liability policy.
COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the garage keepers liability policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols.
COVERAGES	Policy Eff	Enter date: The effective date of the garage keepers liability policy. The date that the terms and conditions of the policy commence.
COVERAGES	Policy Exp	Enter date: The date on which the terms and conditions of the garage keepers liability policy will expire.
COVERAGES	Comp/OTC	Check the box (if applicable): Indicates the comprehensive/other than collision option applies to the garage keepers liability limit.
COVERAGES	Specified Perils	Check the box (if applicable): Indicates the specified perils option applies to the garage keepers liability limit.
COVERAGES	Loc	Enter number: The producer assigned identifier for the location number of the risk's location.

COVERAGES	Limit	Enter limit: The garage keepers liability limit comp/otc or specified perils limit for this location. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as governed by the policy.
COVERAGES	Loc	Enter number: The producer assigned identifier for the location number of the risk's location.
COVERAGES	Limit	Enter limit: The garage keepers liability limit comp/otc or specified perils limit for this location. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as governed by the policy.
COVERAGES	Collision	Check the box (if applicable): Indicates the collision option applies to the garage keepers liability limit.
COVERAGES	Loc	Enter number: The producer assigned identifier for the location number of the risk's location.
COVERAGES	Limit	Enter limit: The garage keepers liability collision limit for this location. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as governed by the policy.
COVERAGES	Loc	Enter number: The producer assigned identifier for the location number of the risk's location.
COVERAGES	Limit	Enter limit: The garage keepers liability collision limit for this location. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as governed by the policy.
COVERAGES	Insurer Letter	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the general liability policy.
COVERAGES	Commercial General Liability	Check the box (if applicable): Indicates the claims made or occurrence option applies for the general liability policy.
COVERAGES	Claims Made	Check the box (if applicable): Indicates the "claims made" option applies on the general liability policy.
COVERAGES	Occur	Check the box (if applicable): Indicates the general liability policy, occurrence basis applies.
COVERAGES	Other	Check the box (if applicable): Indicates other coverage not found on the form exists for the general liability policy.
COVERAGES	Describe Other	Enter text: The description of other coverage (not the limit) on the general liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other	Check the box (if applicable): Indicates other coverage not found on the form exists for the general liability policy.

COVERAGES	Describe Other	Enter text: The description of other coverage (not the limit) on the general liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Policy	Check the box (if applicable): Indicates the general liability policy, general aggregate limit applies per policy.
COVERAGES	Project	Check the box (if applicable): Indicates the general liability policy, general aggregate limit applies per project.
COVERAGES	Loc	Check the box (if applicable): Indicates the general liability policy, general aggregate limit applies per location.
COVERAGE INFORMATION	Other checkbox	Check the box (if applicable): Indicates the general liability policy, general aggregate limit applies to option is other than those listed on the form.
COVERAGE INFORMATION	Other Description	Enter text: The description of the other option to which the general liability policy, general aggregate limit applies.
COVERAGES	Addl Insd	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the certificate holder has been named as an additional insured on the general liability policy.
COVERAGES	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates if subrogation has been waived on the general liability policy.
COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the general liability policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
COVERAGES	Policy Eff	Enter date: The effective date of the general liability policy. The date that the terms and conditions of the policy commence.
COVERAGES	Policy Exp	Enter date: The date on which the terms and conditions of the general liability policy will expire.
COVERAGES	Each Occurrence Limit	Enter limit: The general liability, each occurrence limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Damage to Rented Premises Limit	Enter limit: The general liability, damage to rented premises each occurrence limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Med Exp Limit	Enter limit: The general liability, medical expense each person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Personal & Adv Injury	Enter limit: The general liability, personal and advertising injury limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	General Aggregate Limit	Enter limit: The general liability, general aggregate limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).

COVERAGES	Products- Comp/Op Agg Limit	Enter limit: The general liability, products and completed operations aggregate limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other	Enter text: The description of other coverage (not the limit) on the general liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit	Enter limit: The general liability, other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Insurer Letter	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the commercial excess or umbrella liability policy.
COVERAGES	Umbrella Liability	Check the box (if applicable): Indicates the type of policy is umbrella. As used here, if evidencing an umbrella coverage, underlying policy number(s), term(s) and line(s) of business may be listed on an ACORD 101.
COVERAGES	Excess Liability	Check the box (if applicable): Indicates the type of policy is excess. As used here, if evidencing an excess coverage, underlying policy number(s), term(s) and line(s) of business may be listed on an ACORD 101.
COVERAGES	Occur	Check the box (if applicable): Indicates "coverage trigger" is on an occurrence basis on an excess or umbrella liability policy.
COVERAGES	Claims Made	Check the box (if applicable): Indicates the "coverage trigger" is on a claims-made basis on an excess or umbrella liability policy.
COVERAGES	Deductible	Check the box (if applicable): Indicates a deductible amount applies to the excess or umbrella liability policy.
COVERAGES	Retention	Check the box (if applicable): Indicates a retention amount applies to the excess or umbrella liability policy.
COVERAGES	Retention Amount	Enter deductible: The excess or umbrella liability deductible or retention amount.
COVERAGES	Addl Insd	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the certificate holder has been named as an additional insured on the umbrella/excess liability policy. Place a "Y" next to each coverage where an additional insured endorsement has been issued or for umbrella / excess where there is an additional insured on the underlying primary policy and this umbrella / excess is follow form.
COVERAGES	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates if subrogation has been waived on the excess policy. For umbrella / excess, place a "Y" next to each coverage where subrogation has been waived on the underlying primary policy and this umbrella / excess is follow form.
COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the excess liability policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.

COVERAGES	Policy Eff	Enter date: The effective date of the excess liability policy. The date that the terms and conditions of the policy commence.
COVERAGES	Policy Exp	Enter date: The date on which the terms and conditions of the excess liability policy will expire.
COVERAGES	Each Occurrence Limit	Enter limit: The excess or umbrella liability each occurrence limit.
COVERAGES	Aggregate Limit	Enter limit: The excess or umbrella liability aggregate limit should be listed as whole dollar amount, as governed by the policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other	Enter text: The description of other coverage (not the limit) on the excess or umbrella liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit	Enter limit: The excess or umbrella liability other coverage limit should be listed as a whole dollar amount, as governed by the policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Insurer Letter	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the commercial workers compensation and employers liability policy.
COVERAGES	Any proprietor/partner/executive officer/member excluded? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates whether the workers compensation and employers liability policy excludes any proprietor, partner, executive officer, or member. As used here, the REMARKS section is available, if needed, to provide details of any "Yes" response. In NH, if "Yes" response is indicated, it is mandatory to provide corresponding details in the REMARKS section.
COVERAGES	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates if subrogation has been waived on the workers compensation policy.
COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the workers' compensation and employers liability policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
COVERAGES	Policy Eff	Enter date: The effective date of the workers' compensation and employers liability policy. The date that the terms and conditions of the policy commence.
COVERAGES	Policy Exp	Enter date: The date on which the terms and conditions of the workers' compensation and employers liability policy will expire.
COVERAGES	Per Statute	Check the box (if applicable): Indicates that workers compensation coverage is per statute.
COVERAGES	Other	Check the box (if applicable): Indicates that additional coverage above the workers compensation statutory limits applies (permitted in some states).

COVERAGES	Other Description	Enter text: The description of other coverage (not the limit) on the workers compensation and employers liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the REMARKS section is available if more space is required.
COVERAGES	E.L. Each Accident	Enter limit: The workers compensation and employers liability policy, employers liability each accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	E.L. Disease- Ea Employee Limit	Enter limit: The workers compensation and employers liability policy, employers liability disease each employee limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	E.L. Disease-Policy Limit	Enter limit: The workers compensation and employers liability policy, employers liability disease policy limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Insurer Letter	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the other policy.
COVERAGES	Other Type of Insurance	Enter text: The description of the other policy not listed on the form.
COVERAGES	Addl Insd	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the certificate holder has been named as an additional insured on the other policy.
COVERAGES	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates subrogation has been waived on the other policy.
COVERAGES	Policy Number	Enter identifier: The other policy number exactly as it appears on the policy, including prefix and suffix symbols.
COVERAGES	Policy Eff	Enter date: The date on which the terms and conditions of the other policy commence.
COVERAGES	Policy Exp	Enter date: The date on which the terms and conditions of the other policy expires.
COVERAGE INFORMATION	Coverage Code	Enter code: The coverage code for the other policy.
COVERAGE INFORMATION	Limits	Enter limit: The other policy, coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as governed by the policy.
COVERAGE INFORMATION	Coverage Code	Enter code: The coverage code for the other policy.
COVERAGE INFORMATION	Limits	Enter limit: The other policy, coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as governed by the policy.
COVERAGE INFORMATION	Coverage Code	Enter code: The coverage code for the other policy.

COVERAGE INFORMATION	Limits	Enter limit: The other policy, coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the limit should be listed as a whole dollar amount, as governed by the policy.
REMARKS	Remarks	Enter text: The Certificate Of Liability Insurance general remarks. The additional comments or special conditions that may exist upon the policy. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
CERTIFICATE HOLDER	Certificate Holder	Enter text: The certificate holder's full name.
CERTIFICATE HOLDER	Address Line 1	Enter text: The certificate holder's mailing address line one.
CERTIFICATE HOLDER	Address Line 2	Enter text: The certificate holder's mailing address line two.
CERTIFICATE HOLDER	City	Enter text: The certificate holder's mailing address city name.
CERTIFICATE HOLDER	State	Enter code: The certificate holder's mailing address state or province code.
CERTIFICATE HOLDER	Zip	Enter code: The certificate holder's mailing address postal code.
SIGNATURE	Authorized Representative	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.