

ACORD 31 (2016/03) - Certificate of Marine / Energy Insurance

ACORD 31, Certificate of Marine / Energy 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 certificate has no direct interest in the policy but wants to verify that liability coverage exists on a policy at the time of certificate issuance, use ACORD 31. If the receiver of the certificate does have a verifiable interest in the policy, such as an additional insured, the 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 31 was designed to collect policy information based on commercial lines programs. It addresses both Claims Made and Occurrence policies and can be used for large and small contracting or manufacturing risks, lessor / lessee agreements, or other specialty areas of liability certification.

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		Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer / agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer / agency.
IDENTIFICATION SECTION		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	E-Mail Address	Enter text: The producer's contact person's e-mail address.
IDENTIFICATION SECTION	Producer Customer ID #	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Insured	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address line one.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address line two.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address city name.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address state or province code.
IDENTIFICATION SECTION		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	Certificate Number	Enter identifier: The producer assigned number for the certificate.
COVERAGES	Revision Number	Enter number: The producer assigned revision number for the certificate.
COVERAGES	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurers (s) Affording Coverage" form section, associated with the hull and machinery policy.
COVERAGES	Collision Liability	Check the box (if applicable): Indicates collision liability applies for the hull and machinery policy.
COVERAGES	Towers Liability	Check the box (if applicable): Indicates towers liability applies for the hull and machinery policy.
COVERAGES	Other Type of Insurance	Check the box (if applicable): Indicates other coverage not found on the form exists for the hull and machinery policy.
COVERAGES	Other Type of Insurance Description	Enter text: The description of the other coverage (not the limit) on the hull and machinery policy. Any questions about the appropriate limits or applicable policy coverage (s) should be answered by issuing insurer(s) (s).
COVERAGES	Addl Insd	Enter Y for a "Yes" response. Input N for "No" response. Indicates the certificate holder has been named an additional insured on a hull and machinery policy.
COVERAGES	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates that subrogation has been waived on the hull and machinery policy.
COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the hull and machinery 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 hull and machinery policy.
COVERAGES	Policy Exp	Enter date: The expiration date of the hull and machinery policy.
COVERAGES	Per Schedule on File	Check the box (if applicable): Indicates limits per schedule on file.

COVERAGES	Insured Value	Check the box (if applicable): Indicates limits per insured value.
COVERAGES	Insured Value Amount	Enter limit: The hull and machinery, insured value 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.
COVERAGES	Collision Amount	Enter limit: The hull and machinery, collision each occurrence 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.
COVERAGES	Towers Amount	Enter limit: The hull and machinery, towers each occurrence 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.
COVERAGES	Other Limit Description	Enter text: The description of other coverage (not the limit). Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Amount	Enter limit: The other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurers (s) Affording Coverage" form section, associated with the protection and indemnity policy.
COVERAGES	Crew Liability	Check the box (if applicable): Indicates crew liability coverage applies for the policy.
COVERAGES	Jones Act	Check the box (if applicable): Indicates Jones Act coverage applies for the policy.
COVERAGES	Collision Liability	Check the box (if applicable): Indicates collision liability applies for the protection and indemnity policy.
COVERAGES	Towers Liability	Check the box (if applicable): Indicates towers liability applies for the protection and indemnity policy.
COVERAGES	Removal of Wreck	Check the box (if applicable): Indicates removal of wreck coverage applies for the policy.
COVERAGES	In Rem	Check the box (if applicable): Indicates in rem coverage applies for the policy.
COVERAGES	Other Type of Insurance Indicator	Check the box (if applicable): Indicates other coverage not found on the form exists for the protection and indemnity policy.
COVERAGES	Other Type of Insurance Description	Enter text: The description of the other coverage (not the limit) on the protection and indemnity policy. Any questions about the appropriate limits or applicable policy coverage (s) should be answered by issuing insurer(s) (s).
COVERAGES	Other Type of Insurance Indicator	Check the box (if applicable): Indicates other coverage not found on the form exists for the protection and indemnity policy.
COVERAGES	Other Type of Insurance Description	Enter text: The description of the other coverage (not the limit) on the protection and indemnity policy. Any questions about the appropriate limits or applicable policy coverage (s) should be answered by issuing insurer(s) (s).

COVERAGES	Addl Insd	Enter Y for a "Yes" response. Input N for "No" response. Indicates the certificate holder has been named an additional insured on a protection and indemnity policy.
COVERAGES	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates that subrogation has been waived on the protection and indemnity policy.
COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the protection and indemnity 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 protection and indemnity policy.
COVERAGES	Policy Exp	Enter date: The expiration date of the protection and indemnity policy
COVERAGES	Per Club Rules	Check the box (if applicable): Indicates limits per club rules.
COVERAGES	Ea Occurrence Per Vessel, CSL	Check the box (if applicable): Indicates limits apply each occurrence per vessel, combined single limit.
COVERAGES	Ea Occurrence Per Vessel, CSL Amount	Enter limit: The protection and indemnity, combined single 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.
COVERAGES	Collision (ea occ), CSL Amount	Enter limit: The protection and indemnity, collision each occurrence 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.
COVERAGES	Towers (ea occ), CSL Amount	Enter limit: The protection and indemnity, towers each occurrence 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.
COVERAGES	Removal of Wreck (ea occurrence) Amount	Enter limit: The protection and indemnity, removal of wreck each occurrence 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.
COVERAGES	Other Limit Description	Enter text: The description of other coverage (not the limit). Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Amount	Enter limit: The other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Description	Enter text: The description of other coverage (not the limit). Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Amount	Enter limit: The other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).

COVERAGES	Other Limit Description	Enter text: The description of other coverage (not the limit). Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Amount	Enter limit: The other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the pollution liability policy.
COVERAGES	OPA 90	Check the box (if applicable): Indicates OPA 90 (Oil Pollution Act of 1990) coverage applies for the policy.
COVERAGES	CERCLA	Check the box (if applicable): Indicates CERCLA (Comprehensive Environmental Response, Compensation and Liability Act) coverage applies for the policy.
COVERAGES	Non-OPA / Non-CERCLA	Check the box (if applicable): Indicates non-OPA / non-CERCLA coverage applies for the policy.
COVERAGES	Other Type of Insurance	Check the box (if applicable): Indicates other coverage not found on the form exists for the pollution liability policy.
COVERAGES	Other Type of Insurance Description	Enter text: The description of other coverage (not the limit) on the pollution 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 pollution liability policy.
COVERAGES	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates subrogation has been waived on the pollution liability policy.
COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the pollution 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 policy. The date that the terms and conditions of the policy commence. As used here, the pollution liability policy effective date.
COVERAGES	Policy Exp	Enter date: The date on which the terms and conditions of the policy will expire. As used here, the pollution liability policy expiration date.
COVERAGES	Ea Occurrence Limit	Enter limit: The pollution liability, each occurrence 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.
COVERAGES	Other Limit Description	Enter text: The description of other coverage (not the limit). Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Amount	Enter limit: The other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).

COVERAGES	Other Limit Description	Enter text: The description of other coverage (not the limit). Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Amount	Enter limit: The other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Description	Enter text: The description of other coverage (not the limit). Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Amount	Enter limit: The other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Description	Enter text: The description of other coverage (not the limit). Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Amount	Enter limit: The other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the maritime employers liability policy.
COVERAGES	Alternate Employer	Check the box (if applicable): Indicates the Alternate Employer Liability coverage applies for the Maritime Employers Liability Policy.
COVERAGES	Includes Crew	Check the box (if applicable): Indicates crew is included on the maritime employers liability policy.
COVERAGES	Includes Emps	Check the box (if applicable): Indicates employees are included on the maritime employers liability policy.
COVERAGES	Jones Act	Check the box (if applicable): Indicates Jones Act coverage applies for the policy.
COVERAGES	Death on the High Seas	Check the box (if applicable): Indicates death on the high seas coverage applies for the policy.
COVERAGES	In Rem Endorsement	Check the box (if applicable): Indicates an in rem endorsement applies for the policy.
COVERAGES	Other Type of Insurance	Check the box (if applicable): Indicates other coverage not found on the form exists for the maritime employers liability policy.
COVERAGES	Other Type of Insurance Description	Enter text: The description of other coverage (not the limit) on the maritime employers liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Input N for "No" response. Indicates subrogation has been waived on the maritime employers liability policy.
COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the maritime 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 maritime 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 maritime employers liability policy will expire.
COVERAGES	Any One Person Limit Amount	Enter limit: The maritime employers liability, any one person 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.
COVERAGES	Any One Accident Limit Amount	Enter limit: The maritime employers liability, any one accident 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.
COVERAGES	Other Limit Description	Enter text: The description of other coverage (not the limit). Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Amount	Enter limit: The other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Description	Enter text: The description of other coverage (not the limit). Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Amount	Enter limit: The other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Description	Enter text: The description of other coverage (not the limit). Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Amount	Enter limit: The other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Description	Enter text: The description of other coverage (not the limit). Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Amount	Enter limit: The other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Description	Enter text: The description of other coverage (not the limit). Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Amount	Enter limit: The other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the other policy.
COVERAGES	Type of Insurance Description	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.
COVERAGES	Other Limit Description	Enter text: The description of the coverage.
COVERAGES	Other Limit Amount	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).
COVERAGES	Other Limit Description	Enter text: The description of the coverage.
COVERAGES	Other Limit Amount	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).
COVERAGES	Other Limit Description	Enter text: The description of the coverage.
COVERAGES	Other Limit Amount	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).
CERTIFICATE HOLDER	Certificate Holder	Enter text: The certificate holder's full name.
CERTIFICATE HOLDER		Enter text: The certificate holder's mailing address line one.
CERTIFICATE HOLDER		Enter text: The certificate holder's mailing address line two.
CERTIFICATE HOLDER		Enter text: The certificate holder's mailing address line three.
CERTIFICATE HOLDER		Enter text: The certificate holder's mailing address line four.
CERTIFICATE HOLDER		Enter text: The certificate holder's mailing address city name.
CERTIFICATE HOLDER		Enter code: The certificate holder's mailing address state or province code.
CERTIFICATE HOLDER		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.

Form Page 2

Section Name	Field Name	Description
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IDENTIFICATION SECTION	Certificate Number	Enter identifier: The producer assigned number for the certificate.
COVERAGES	Insr Ltr	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	Marine General Liability	Check the box (if applicable): Indicates the claims made or occurrence option applies for the marine 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 Type of Insurance	Check the box (if applicable): Indicates other coverage not found on the form exists for the general liability policy.
COVERAGES	Other Type of Insurance Description	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 Type of Insurance	Check the box (if applicable): Indicates other coverage not found on the form exists for the general liability policy.
COVERAGES	Other Type of Insurance Description	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 (ea occ) 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 (any one person) 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 Limit	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 Limit Description	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 Amount	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	Other Limit	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 Amount	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	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the policy.
COVERAGES	Any Auto	Check the box (if applicable): Indicates the commercial vehicle policy covers any auto.
COVERAGES	All Owned Autos	Check the box (if applicable): Indicates the commercial vehicle policy covers owned autos only.

COVERAGES	Hired Autos	Check the box (if applicable): Indicates the vehicle policy covers hired autos only.
COVERAGES	Scheduled Autos	Check the box (if applicable): Indicates the vehicle policy covers scheduled autos.
COVERAGES	Non-Owned Autos	Check the box (if applicable): Indicates the vehicle policy covers non-owned autos only.
COVERAGES	Other Type of Insurance	Check the box (if applicable): Indicates the vehicle policy covers autos other than those listed.
COVERAGES	Other Type of Insurance Description	Enter text: The description of the other covered autos.
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 automobile liability policy.
COVERAGES	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates if subrogation has been waived on the automobile policy.
COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the automobile 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 automobile 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 automobile liability policy will expire.
COVERAGES	Combined Single Limit (ea accident) Limit	Enter limit: The vehicle combined single limit liability each accident amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Bodily Injury (per person) Limit	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Bodily Injury (per accident) Limit	Enter limit: The vehicle policy, bodily injury per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Property Damage (per accident) Limit	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Insr Ltr	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 DESCRIPTION OF OPERATIONS 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 DESCRIPTION OF OPERATIONS section.

COVERAGES	Alternate Employer	Check the box (if applicable): Indicates an alternate employer endorsement applies to the workers compensation and employers liability policy.
COVERAGES	USL&H Endorsement	Check the box (if applicable): Indicates a US Longshore & Harbor Workers compensation Act endorsement applies for the workers compensation and employers liability policy.
COVERAGES	Maritime Employers Liability	Check the box (if applicable): Indicates a Maritime Employers Liability endorsement applies for the workers compensation and employers liability policy.
COVERAGES	OCSL Act	Check the box (if applicable): Indicates an Outer Continental Shelf Lands (OCSL) Act endorsement applies for the workers compensation and employers liability policy.
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 DESCRIPTION OF OPERATIONS section is available if more space is required.
COVERAGES	E.L (each accident) Limit	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	Other Limit 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).
COVERAGES	Other Limit Amount	Enter limit: The other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit 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).
COVERAGES	Other Limit Amount	Enter limit: The other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit 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).
COVERAGES	Other Limit Amount	Enter limit: The other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit 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).
COVERAGES	Other Limit Amount	Enter limit: The other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the U.S. Longshore & Harbor Workers Compensation Act policy.
COVERAGES	Alternate Employer	Check the box (if applicable): Indicates an alternate employer endorsement applies to the U.S. Longshore & Harbor Workers compensation Act policy.
COVERAGES	Maritime Employers Liability	Check the box (if applicable): Indicates Maritime Employers Liability endorsement applies for the U.S. Longshore & Harbor Workers compensation Act policy.
COVERAGES	OCSL Act	Check the box (if applicable): Indicates an Outer Continental Shelf Lands (OCSL) Act endorsement applies for the U.S. Longshore & Harbor Workers Compensation Act policy.
COVERAGES	Other	Check the box (if applicable): Indicates that other coverage not found on the form exists for the U.S. Longshore & Harbor Workers Compensation Act policy.
COVERAGES	Other Description	Enter text: The description of other coverage (not the limit) on the U.S. Longshore & Harbor Workers Compensation Act policy. Any questions about appropriate limits or applicable policy coverage (s) should be answered by the issuing insurer (s).
COVERAGES	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates if subrogation has been waited on the USL&H workers compensation policy.

COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the USL&H workers compensation 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 USL&H workers compensation policy. The date that the terms and conditions of the policy commence.
COVERAGES	Policy Exp	Enter date: The expiration date of the USL&H workers compensation policy.
COVERAGES	Per Statute	Check the box (if applicable): Indicates that USL&H Workers Compensation Act Statutory limits apply.
COVERAGES	Other	Check the box (if applicable): Indicates that additional coverage above the USL&H Workers Compensation Act statutory limits applies.
COVERAGES	Other Description	Enter text: The description of other coverage (not the limit) on the U.S. Longshore & Harbor Workers Compensation Act policy. Any questions about appropriate limits or applicable policy coverage (s) should be answered by the issuing insurer (s).
COVERAGES	E.L (each accident) Limit	Enter limit: The USL&H Workers Compensation Act 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 USL&H Workers Compensation Act 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). This limit should be listed as a whole dollar amount as governed by the policy.
COVERAGES	E.L. Disease - Ann Agg	Enter limit: The USL&H Workers Compensation Act policy employers liability disease annual aggregate limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Description	Enter text: The description of other coverage (not the limit) of the Longshore Harbor Workers Compensation policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Amount	Enter limit: The other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the aircraft liability policy.
COVERAGES	Owned Aircraft	Check the box (if applicable): Indicates the aircraft liability policy covers all owned aircraft.
COVERAGES	Non-Owned Aircraft	Check the box (if applicable): Indicates the aircraft liability policy covers non-owned aircraft.
COVERAGES	Passenger Liability	Check the box (if applicable): Indicates the aircraft liability policy covers passenger liability.
COVERAGES	Other Type of Insurance	Check the box (if applicable): Indicates the other converge not found on the form exists for the aircraft liability policy.

COVERAGES	Other Type of Insurance Description	Enter text: The description of the other coverage (not the limit) on the aircraft liability policy. Any questions about appropriate limits or applicable policy coverages (s) should be answered by issuing the 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 aircraft liability policy.
COVERAGES	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates subrogation has been waived on the aircraft liability policy.
COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the aircraft 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 aircraft liability policy. The date that the terms and conditions of the policy commence.
COVERAGES	Policy Exp	Enter date: The expiration date of the aircraft policy.
COVERAGES	Each Occurrence Limit	Enter limit: The aircraft liability, each occurrence limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). The limit should be listed as a whole dollar amount as governed by the policy.
COVERAGES	Aggregate Limit	Enter limit: The aircraft liability, general aggregate limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Description	Enter text: The description of other coverage (not the limit). Any questions about appropriate limits or applicable policy coverages should be answered by the issuing insurer(s).
COVERAGES	Other Limit Amount	Enter limit: The aircraft liability, other coverage limit amount. Any questions about appropriate policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Description	Enter text: The description of other coverage (not the limit). Any questions about appropriate limits or applicable policy coverages should be answered by the issuing insurer(s).
COVERAGES	Other Limit Amount	Enter limit: The aircraft liability, other coverage limit amount. Any questions about appropriate policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Description	Enter text: The description of other coverage (not the limit). Any questions about appropriate limits or applicable policy coverages should be answered by the issuing insurer(s).
COVERAGES	Other Limit Amount	Enter limit: The aircraft liability, other coverage limit amount. Any questions about appropriate policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Insr Ltr	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	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	Bumbershoot	Check the box (if applicable): Indicates the type of policy is bumbershoot. As used here, if evidencing a bumbershoot coverage, underlying policy number(s), term(s) and line(s) of business may be listed on an ACORD 101.
COVERAGES	Excess	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	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	Occur	Check the box (if applicable): Indicates "coverage trigger" is on an occurrence basis on an excess or umbrella liability policy.
COVERAGES	Ded	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 \$	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. As used here, 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. As used here, 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 Limit Description	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 Amount	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	Other Limit Description	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 Amount	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	Other Limit Description	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 Amount	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	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the energy policy.
COVERAGES	Care, Custody and Control (CCC)	Check the box (if applicable): Indicates the energy policy provides care, custody and control coverage.
COVERAGES	Platforms	Check the box (if applicable): Indicates the energy policy covers offshore oil and gas property platforms.
COVERAGES	Pipelines	Check the box (if applicable): Indicates the energy policy covers offshore oil and gas property pipelines.
COVERAGES	Other Type of Insurance	Check the box (if applicable): Indicates other offshore oil and gas property coverage not found on the form exists for the energy policy.
COVERAGES	Other Type of Insurance Description	Enter text: The description of other offshore oil and gas property coverage (not the limit) for the energy policy. Any questions about appropriate limits or applicable policy coverages (s) should be answered by the issuing insurer (s).
COVERAGES	Other Type of Insurance	Check the box (if applicable): Indicates other offshore oil and gas property coverage not found on the form exists for the energy policy.

COVERAGES	Other Type of Insurance Description	Enter text: The description of other offshore oil and gas property coverage (not the limit) for the energy policy. Any questions about appropriate limits or applicable policy coverages (s) should be answered by the issuing insurer (s).
COVERAGES	Oil & Gas Property	Check the box (if applicable): Indicates the energy policy covers onshore oil and gas property.
COVERAGES	Contractors Equipment	Check the box (if applicable): Indicates the energy policy covers contractors equipment.
COVERAGES	Other Type of Insurance	Check the box (if applicable): Indicates other onshore oil and gas property coverage not found on the form exists for the energy policy.
COVERAGES	Other Type of Insurance Description	Enter text: The description of other on shore oil and gas property coverage (not the limit) for the energy policy. Any questions about appropriate limits or applicable policy coverage (s) should be answered by the issuing insurer (s).
COVERAGES	CCC	Check the box (if applicable): Indicates which energy coverages are subject to the named windstorm aggregate limit (e.g. CCC, Offshore Oil & Gas Property, Onshore Oil & Gas Property). One or more selections can be made in this section. Any questions about applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Off-Shore	Check the box (if applicable): Indicates which energy coverages are subject to the named windstorm aggregate limit (e.g. CCC, Offshore Oil & Gas Property, Onshore Oil & Gas Property). One or more selections can be made in this section. Any questions about applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	On-Shore	Check the box (if applicable): Indicates which energy coverages are subject to the named windstorm aggregate limit (e.g. CCC, Offshore Oil & Gas Property, Onshore Oil & Gas Property). One or more selections can be made in this section. Any questions about 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 energy policy.
COVERAGES	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates if subrogation has been waived on the energy policy.
COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the energy 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 energy policy. The date that the terms and conditions of the policy commence.
COVERAGES	Policy Exp	Enter date: The expiration date of the energy policy.

COVERAGES	CSL, Any One Occurrence (100% interest) Limit	Enter limit: The energy, care, custody and control of well / operators extra expense combined single limit any one occurrence (100%) interest amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). The limit should be listed as a whole dollar amount, as governed by the policy. The combined single limit applies to cover the control of well insurance, re-drill / extra expense, and pollution and clean up section of the policy.
COVERAGES	Any One Occurrence (100% interest) Limit	Enter limit: The energy, care, custody and control of well any one occurrence (100% interest) amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). The limit should be listed as a whole dollar amount as governed by the policy.
COVERAGES	Values As Scheduled Limit	Enter limit: The energy, offshore oil and gas property platforms values as scheduled limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Values As Scheduled Limit	Enter limit: The energy, offshore oil and gas property pipelines values as scheduled limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). The limit should be listed as a whole dollar amount, as governed by the policy.
COVERAGES	Other Limit Description	Enter text: The description of other coverage (not the limit) for the offshore oil and gas property policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Amount	Enter limit: Enter limit: The energy, offshore oil and gas property other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). The limit should be listed as a whole dollar amount as governed by the policy.
COVERAGES	Other Limit Description	Enter text: The description of other coverage (not the limit) for the offshore oil and gas property policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Amount	Enter limit: Enter limit: The energy, offshore oil and gas property other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). The limit should be listed as a whole dollar amount as governed by the policy.
COVERAGES	Values As Scheduled Limit	Enter limit: The energy, onshore oil and gas property values as scheduled limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). The limit should be listed as a whole dollar amount as governed by the policy.
COVERAGES	Values As Scheduled Limit	Enter limit: The energy, onshore oil and gas property contractors equipment values as scheduled limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). The limit should be listed as a whole dollar amount, as governed by the policy.

COVERAGES	Other Limit Description	Enter text: The description of other coverage (not the limit) for the onshore oil and gas property policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit Amount	Enter limit: The energy, onshore oil and gas property other coverage 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 energy named windstorm aggregate limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). The limit should be listed as a whole dollar amount as governed by the policy.
COVERAGES	As Per Attached Schedule	Check the box (if applicable): Indicates Vessels listed are per attached schedule.
COVERAGES	As Detailed In The Description of Operations	Check the box (if applicable): Indicates Vessels listed are detailed in the description of operations.
REMARKS	Description of Operations/Locations	Enter text: The Certificate of Marine / Energy Insurance general remarks. This includes records information necessary to identify the operations, locations and vehicles / vessels / aircraft for which the certificate was issued. ACORD 101, Additional Remarks Schedule, may be attached, if more space is required.