



WHAT IS A CERTIFICATE OF INSURANCE (COI)?

A COI is also known as “Proof of Insurance” and must be requested from the agent that wrote the coverage for you. In this case, Lifeway is only asking for “PROOF” of **Commercial General Liability** insurance from the church. The COI should be emailed directly to Lifeway at CampsCOI@studentlife.com.

WHAT IS **NOT** A COI?

Please do not send your Policy, Declarations Page from the Policy, ID cards or insurance invoices.

WHY ARE WE ASKING FOR A COI?

Lifeway is only responsible for campers while engaging in a Lifeway “sponsored activity”. The church is responsible for the campers all other times such as, but not limited to, dorm time, eating out at restaurants and other activities provided by the church.

Lifeway Christian Resources will require each church attending a Lifeway camp (Student Life, Student Life Kids Camp) for 2022 to provide a Certificate of Insurance (COI) for Commercial General Liability Insurance with at least \$1M limits per occurrence.

If you do not have insurance or have any other questions, please call Michele Manning at 615-251-3860.

WHERE DO YOU GET A COI?

You will need to contact your insurance agent and request the COI to be sent directly to CampsCOI@studentlife.com. You may share this sheet with the agent to ensure that all the required information is provided. If questions arise, please call Michele Manning at 615-251-3860.

The Following defines the required boxes on the attached example of the COI.

1. Disclaimer: A statement explaining the COI and intended use of information.
2. Producer: The broker or agent representing the church.
3. Insured: You, the church
4. Name of insurance carrier providing Commercial General Liability insurance to you.
5. Coverage: Description of the specific Commercial General Liability policy.
6. Description of Operations: Provide the brand of the camp, such as Student Life or Student Life Kids Camp, Location of the camp and camp dates.
7. Certificate Holder: Must be listed as Lifeway Christian Resources, One Lifeway Plaza, Nashville, TN 37234. DO NOT list the location of the camp as the Certificate Holder.
8. An explanation of cancellation notification requirements for the insurance company.
9. Authorized Signature of agent or equivalent.
10. Email the COI to CampsCOI@studentlife.com.

Example CERTIFICATE OF LIABILITY INSURANCE (COI)

DATE (MM/DD/YYYY)

1 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.

2 **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 Name and Address of Agent	CONTACT NAME:		INSURER(S) AFFORDING COVERAGE	NAIC #
	PHONE (A/C, No, Ext):	FAX (A/C, No):		
E-MAIL ADDRESS:		INSURER A : Name of Carrier providing Commercial General Liability		
INSURED Name and Address of Church	INSURER B :		INSURER C :	
	INSURER D :		INSURER E :	
	INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

3 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														
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			Policy Number	Effective Dates Must Cover Camp Dates		<table border="0" style="width: 100%;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$	GENERAL AGGREGATE	\$	PRODUCTS - COMP/OP AGG	\$		\$
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				<table border="0" style="width: 100%;"> <tr> <td style="padding-left: 20px;">PER STATUTE</td> <td style="padding-left: 20px;">OTHER</td> <td style="width: 50px;"></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td><td></td></tr> </table>	PER STATUTE	OTHER		E.L. EACH ACCIDENT	\$		E.L. DISEASE - EA EMPLOYEE	\$		E.L. DISEASE - POLICY LIMIT	\$			
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6 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
List the following in this box:

1. Camp brand such as Student Life or Student Life Kids Camp
2. Camp Location such as University or Conference Center name
3. Camp Dates
4. Number of campers attending

CERTIFICATE HOLDER Must be listed as: Lifeway Christian Resources One Lifeway Plaza Nashville, TN	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 Agent's Signature or Equivalent
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