

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 for 2023 to provide a Certificate of Insurance (COI) for Commercial General Liability Insurance with at least \$1 M 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 and send 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.

Example CERTIFICATE OF LIABILITY INSURANCE (COI)

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to

| the certificate holder in fled of such endorsement(s). | | | | | | | | |
|--|---------------------|--|---------------------|---|--|--|--|--|
| PRODUCER | | CONTACT NAME: | | | | | | |
| | | PHONE (A/C, No, Ext): | FAX (A/C, No): | | | | | |
| Name and Addre | ess of Agent | E-MAIL ADDRESS: | | | | | | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC# | | | | | |
| | | INSURER A: Name of Carrier providing Commercia | al General Liabilit | у | | | | |
| INSURED | | INSURER B: | | | | | | |
| | | INSURER C: | | | | | | |
| Name and Addre | ess of Church | INSURER D: | | | | | | |
| Traine and Addre | | INSURER E : | | | | | | |
| | | INSURER F: | | | | | | |
| COVERAGES | CERTIFICATE NUMBER: | REVISION NUM | MRFR. | | | | | |

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 | SR FR TYPE OF INSURANCE | | | SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|-------------|-------------------------------------|--|-----|------|---------------|----------------------------|----------------------------|---|--------------------|
| | X | CLAIMS-MADE X OCCUR | | | | Effective | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 \$ |
| | | | | | | | | MED EXP (Any one person) | \$ |
| | | | | | Policy Number | Must Cov | | PERSONAL & ADV INJURY | \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | Camp Da | ites | GENERAL AGGREGATE | \$ |
| | | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ |
| | | OTHER: | | | | | | | \$ |
| | AUT | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | | OWNED SCHEDULED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | \$ |
| | | AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | | \$ |
| | | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ |
| | | DED RETENTION \$ | | | | | | | \$ |
| | | KERS COMPENSATION EMPLOYERS' LIABILITY | | | | | | PER OTH- STATUTE ER | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE T/N | | N/A | | | | | E.L. EACH ACCIDENT | \$ |
| l | | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| | | | | | | | | | |
| | | | | | | | | | |

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 FUGE, CentriKid or Student Life
- 2. Camp Location such as University or Conference Center name
- 3. Camp Dates
- 4. Number of campers attending

CERTIFICATE HOLDER CANCELLATION

Must be listed as: Lifeway Christian Resources 200 Powell Place, Suite 100 Brentwood, TN 37027

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