



Efficiency Works Service Provider certificate of liability insurance requirements

To be a listed Service Provider in the Efficiency Works program multiple eligibility requirements must be met. One requirement is providing a certificate of liability insurance (COI) with minimum values for each occurrence to help ensure protection for all involved in energy related upgrades. The COI minimum values are determined by industry standards and can be achieved through a variety of options as shown on the following samples below.

The COI is meant to provide protection to Efficiency Works service providers, along with providing protection to the customers that the service providers are servicing. The following minimums are required to be a listed Efficiency Works service provider:

- \$1,000,000 each occurrence
- \$2,000,000 general aggregate
- Platte River Power Authority is designated as the certificate holder and is listed as additionally insured

Note: an umbrella policy may be used in some instances to provide appropriate coverage levels.

Four (4) samples have been provided below. Options A and B highlight the minimum insurance requirements to be a listed service provider. Options C and D highlight industry standard recommendations for insurance coverage levels:

Option A: Certificate of Insurance minimum requirements (as of July 1, 2024)

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)
2/1/2024

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

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

PRODUCER USA Insurance Company PO Box 123 Somewhere, ST 12345 800 888-1234	CONTACT NAME: PHONE (A/C, No, Ext): 800 888-1234 FAX (A/C, No): E-MAIL ADDRESS: ADDRESS:
INSURED AAA Lighting Company 123 Sesame Street Somewhere, ST 12345	INSURER(S) AFFORDING COVERAGE INSURER A: The Best Insurance Company NAIC # XXXXX INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER <input type="checkbox"/> LOC	Y		1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$\$\$ MED EXP (Any one person) \$ \$\$\$ PERSONAL & ADV INJURY \$ \$\$\$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PO/ AGG \$ \$\$\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WE STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Platte River Power Authority is named as Additional Insured regarding general liability

CERTIFICATE HOLDER Platte River Power Authority 2000 East Horsetooth Road Fort Collins, CO 80525-2942	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
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Insurer information

Service provider information

Preferred

Notes Platte River Power Authority as the additional insured OR noting in description of operations

Policy effective date and policy expiration date

Minimum each occurrence of \$1 million dollars & general aggregate limit of \$2 million dollars

Notes Platte River Power Authority as the Certificate Holder (NOT Efficiency Works)

Key elements: \$1 million each occurrence/ \$2 million aggregate and \$1 million professional liability

Option B: Certificate of Insurance minimum requirements (as of July 1, 2024)

ACORD® CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) 2/1/2024

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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: USA Insurance Company
PO Box 123
Somewhere, ST 12345
800 888-1234

INSURED: AAA Lighting Company
123 Sesame Street
Somewhere, ST 12345

CONTACT NAME: _____
PHONE (A/S, No, Ext): 800 888-1234 **FAX (A/S, No):** _____
E-MAIL ADDRESS: _____

INSURER(S) AFFORDING COVERAGE: The Best Insurance Company **NAIC #:** XXXXX

INSURER A: _____
INSURER B: _____
INSURER C: _____
INSURER D: _____
INSURER E: _____
INSURER F: _____

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR. LTR.	TYPE OF INSURANCE	AUTO SUBR.	INSR. WVD.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		<input checked="" type="checkbox"/>		1/1/2024	1/1/2025	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$\$\$ MED EXP (Any one person) \$ \$\$\$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY \$ \$\$\$ GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/PROP AGG \$ \$\$\$
	GENL AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-TEST <input type="checkbox"/> LOG						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	ANY AUTO ALL OWNED AUTOS HIRED AUTOS	SCHEDULED AUTOS NON-OWNED AUTOS					
	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE			1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	DED. RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					
	If yes, describe under DESCRIPTION OF OPERATIONS below						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							
Platte River Power Authority is named as Additional Insured regarding general liability							
CERTIFICATE HOLDER				CANCELLATION			
Platte River Power Authority 2000 East Horsetooth Road Fort Collins, CO 80525-2942				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			

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Insurer information

Service provider information

Preferred

Notes Platte River Power Authority as the additional insured OR noting in description of operations

Policy effective date and policy expiration dates

Minimum each occurrence of \$500 thousand dollars & general aggregate limit of \$1 million dollars

\$1 million dollar umbrella policy to bring commercial general liability to minimums

Notes Platte River Power Authority as the Certificate Holder (NOT Efficiency Works)

Option C: COI recommended industry standards (may be required in the future)

ACORD® CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) 2/1/2024

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PRODUCER: USA Insurance Company
PO Box 123
Somewhere, ST 12345
800 888-1234

CONTACT NAME:
PHONE (A/C, No, Ext): 800 888-1234 **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE: The Best Insurance Company **TAX #:** XXXXX

INSURED: AAA Lighting Company
123 Sesame Street
Somewhere, ST 12345

INSURER A:
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

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

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INSUR	TYPE OF INSURANCE	ADDL SUBR	INSR	WVD	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
	GENERAL LIABILITY		Y	Y		1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$\$\$ MED EXP (Any one person) \$ \$\$\$ PERSONAL & ADV INJURY \$ \$\$\$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ \$\$\$
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY							
	CLAIMS-MADE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
	GEN AGGREGATE LIMIT APPLIES PER POLICY		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
	AUTOMOBILE LIABILITY					1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/>	ANY AUTO							
	ALL OWNED AUTOS							
	HIBID AUTOS							
	UMBRELLA LIAB							EACH OCCURRENCE \$ AGGREGATE \$
	EXCESS LIAB							
	DED							
	RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY		Y/N			1/1/2024	1/1/2025	WC STATUTORY LIMITS \$ OTH-ER \$ E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A	Y				
	If yes, describe under DESCRIPTION OF OPERATIONS below							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								
Platte River Power Authority is named as Additional Insured regarding general liability								
CERTIFICATE HOLDER					CANCELLATION			
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					AUTHORIZED REPRESENTATIVE			

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Insurer information

Service provider information

Preferred

Notes Platte River Power Authority as the additional insured OR noting in description of operations. Also includes SUBR WVD with regards to general liability.

Policy effective date and policy expiration dates

Minimum each occurrence of \$1 million dollars & general aggregate limit of \$2 million dollars

Auto coverage of \$1 million dollars

Minimum of \$1 million dollars workers compensation policy with SUBR WVD

Notes Platte River Power Authority as the Certificate Holder (NOT Efficiency Works)

Option D: COI recommended industry standards

(may be required in the future)

- Best used for technical analysis based services such as Retrocommission, EV fleet analysis, or commercial building electrification studies.

Insurer information

Service provider information

Preferred

Notes Platte River Power Authority as the additional insured OR noting in description of operations. Also includes SUBR WVD with regards to general liability.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/1/2024

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PRODUCER USA Insurance Company PO Box 123 Somewhere, ST 12345 800 888-1234	CONTACT NAME: PHONE (A/C No., Ext): 800 888-1234 FAX (A/C No.): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: The Best Insurance Company NAME # XXXXX INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
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INSURED
AAA Lighting Company
123 Sesame Street
Somewhere, ST 12345

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSUR. LTR.	TYPE OF INSURANCE	ADDRESS	INSR. WVD	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	GENERAL LIABILITY		Y		1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000
	COMMERCIAL GENERAL LIABILITY		Y				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$\$\$
	CLAIMS-MADE		Y				MED EXP (Any one person) \$ \$\$\$
	OCUR		Y				PERSONAL & ADV INJURY \$ \$\$\$
	GENERAL AGGREGATE						GENERAL AGGREGATE \$ 2,000,000
	PRODUCTS - COM/POP AGG						PRODUCTS - COM/POP AGG \$ \$\$\$
	COMBINED SINGLE LIMIT (Ea accident)						COMBINED SINGLE LIMIT \$ 1,000,000
	BODILY INJURY (Per person)						BODILY INJURY (Per person) \$
	BODILY INJURY (Per accident)						BODILY INJURY (Per accident) \$
	PROPERTY DAMAGE (Per accident)						PROPERTY DAMAGE (Per accident) \$
	EACH OCCURRENCE						EACH OCCURRENCE \$
	AGGREGATE						AGGREGATE \$
	RETENTION \$						RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						WC STATUS/OTHER LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A	Y	1/1/2024	1/1/2025	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	Pollution/Professional Liability		Y		1/1/2024	1/1/2025	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
							Per Claim/Aggregate \$1M/\$1M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Platte River Power Authority is named as Additional Insured regarding general liability

CERTIFICATE HOLDER Platte River Power Authority 2000 East Horsetooth Road Fort Collins, CO 80525-2942	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
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Policy effective date and policy expiration dates

Minimum each occurrence of \$1 million dollars & general aggregate limit of \$2 million dollars

Auto coverage of \$1 million

Minimum of \$1 million dollars workers compensation policy with SUBR WVD

Minimum Professional Liability insurance of \$1 million dollars

Notes Platte River Power Authority as the Certificate Holder (NOT Efficiency Works)

Key elements: Recommended when providing professional study services