





### **Phoenix Chapter Insurance Requirement for Associate Membership**

Associate members must have Business Liability Insurance or Errors and Omissions Insurance with a minimum coverage of \$500,000 per occurrence. They are required to maintain a valid Certificate of Insurance on file with the Chapter at all times. In the event of non-renewal, cancellation or expiration of the insurance, the member will have 30 days to supply an updated valid certificate to the Chapter. Failure to maintain the required insurance or to provide an updated certificate by the end of the 30 day period will cause the member to be placed on suspension and result in the loss of all membership benefits as well as removal from the Member Directory and Website. They also will not be able to participate in any ESM events such as vendor on-sites, Employee Benefit Fairs (EBFs) or the Annual Associate Tradeshow while on suspension. Insurance certificates not updated within 60 days from the date of expiration will be cause for termination of membership.

The Certificate must include a blanket endorsement for the membership year or the coverage year to protect the Chapter and its members against claims arising from bodily injury or property damage that might occur while you are an ESM member as a direct result of any negligent act or error or omission in the professional conduct of the Named Insured.

**ESM ASSOCIATION OF GREATER PHOENIX** must be named as the Certificate Holder **and** as an Additional Insured on the certificate. Language should be (or equivalent to): “Employee Services Management of Greater Phoenix and its Officers, Board of Directors, employees, volunteers and Member Companies are hereby name as additional insured as their interest may appear”. (See sample Certificate of Liability Insurance attached)

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

LMU DATE  
UODC 12-16-2002

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

URED

INSURER A Insurance Company Name

INSURER B

INSURER C:

INSURER D:

\$500,000 Minimum

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE, POLICY EXPIRATION DATE, LIMITS. Includes sections for General Liability, Automobile Liability, Garage Liability, Excess Liability, and Workers Compensation.

Certificate on File must be current.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Those usual to the Insured's Operations.

Certificate Holder must be named as Additional Insured.

CERTIFICATE HOLDER [X] ADDITIONAL INSURED; INSURER LETTER: A

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 60 DAYS WRITTEN NOTICE (10 DAYS FOR NON-PAYMENT) TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ESM Association  
P O Box 42534  
Phoenix, AZ 85080

ESM must be named as Certificate Holder