

Section Name	Field Name	Field and/or Section Description
<p>TITLE ACORD 30 (2010/12)</p>	<p>Certificate of Garage Insurance</p>	<p>The title of the form. ACORD 30, Certificate of Garage Liability Insurance, 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 policies."</p> <p>The above information is included in the opening statement of the form.</p> <p>If the receiver of the form wants to verify that garage liability coverage exists on a policy and has no direct interest in the policy, use the garage liability certificate of insurance. However, if the receiver of the form does have a verifiable interest in the policy, such as an additional insured, the garage liability policy must be amended by endorsement, to provide the appropriate coverage for the interested party prior to issuing a certificate of insurance (since the certificate confers no rights upon the holder and does not amend the policy).</p> <p>ACORD 30 was designed to collect policy limit information based on the ISO commercial lines program.</p>
<p>TITLE</p>		<p>IMPORTANT</p> <p>Iowa, Kansas, Kentucky, Louisiana, Minnesota, Missouri, North Carolina, North Dakota, Oklahoma, Utah and Wisconsin require the filing of certificate of insurance forms. ACORD has filed all of its certificates in these states. In these states, the text of ACORD's certificates cannot be modified, unless the modified form is filed for approval by the respective state Department of Insurance.</p> <p>Additionally, virtually every other state will not allow any change in a certificate of insurance that would attempt to modify a policy unless the revised certificate is filed and approved. In these states, this form can only be changed to reflect the terms and conditions of the policy on which it is reporting. Such change(s) must be approved in advance by the insurance carrier that issued such policy.</p>
<p>IDENTIFICATION SECTION</p>	<p>Date</p>	<p>Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)</p>
<p>IDENTIFICATION SECTION</p>	<p>Producer</p>	<p>Enter text: The full name of the producer/agency.</p>

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	Address Line 1	Enter text: The mailing address line one of the producer/agency.
IDENTIFICATION SECTION	Address Line 2	Enter text: The mailing address line two of the producer/agency.
IDENTIFICATION SECTION	City	Enter text: The mailing address city name of the producer/agency.
IDENTIFICATION SECTION	State	Enter code: The mailing address state or province code of the producer/agency.
IDENTIFICATION SECTION	Zip	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	Email Address	Enter text: The producer's contact person e-mail address.
IDENTIFICATION SECTION	Insured	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION SECTION	Address Line 1	Enter text: The named insured's mailing address line one.
IDENTIFICATION SECTION	Address Line 2	Enter text: The named insured's mailing address line two.
IDENTIFICATION SECTION	City	Enter text: The named insured's mailing address city name.
IDENTIFICATION SECTION	State	Enter code: The named insured's mailing address state or province code.
IDENTIFICATION SECTION	Zip	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 NAIC.

Section Name	Field Name	Field and/or Section Description
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 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 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 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 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 NAIC.
COVERAGES	Prod/Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
COVERAGES	Certificate #	Enter identifier: The producer assigned number for the certificate.
COVERAGES	Revision #	Enter number: The producer assigned revision number for the certificate.
COVERAGES	Insurer Letter	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the commercial garage liability policy.
COVERAGES	All Owned Autos	Check the box (if applicable): Indicates the all owned autos option applies for the garage liability policy.
COVERAGES	Hired Autos Only	Check the box (if applicable): Indicates the hired autos only option applies for the garage liability policy.

Section Name	Field Name	Field and/or Section Description
COVERAGES	Non-Owned Autos Used in Garage Business	Check the box (if applicable): Indicates the non-owned autos used in garage business option applies to the garage liability policy.
COVERAGES	Other	Check the box (if applicable): Indicates the other option applies for the garage liability policy.
COVERAGES	Describe Other	Enter text: The description of other coverage (not the limit) on the garage 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 policy. As used here, applies to the garage liability policy.
COVERAGES	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates subrogation has been waived on the policy. As used here, applies to the garage liability policy.
COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the 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. As used here, the garage liability policy number exactly as it appears on the policy, including prefix and suffix symbols.
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 garage 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 garage liability policy expiration date.
COVERAGES	Auto Only Limit	Enter limit: The garage liability policy, auto only each accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Ea Accident Limit	Enter limit: The garage liability policy, other than auto only each accident 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 garage liability policy, other than auto only aggregate limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Insurer Letter	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the garage keepers liability policy.
COVERAGES	Legal Liability	Check the box (if applicable): Indicates the legal liability option applies for the garage keepers liability policy.
COVERAGES	Direct Basis	Check the box (if applicable): Indicates the direct basis option applies for the garage keepers liability policy.

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COVERAGES	Primary	Check the box (if applicable): Indicates the primary option applies for the garage keepers liability policy.
COVERAGES	Excess	Check the box (if applicable): Indicates the excess option applies for the garage keepers liability policy.
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 policy.
COVERAGES	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates subrogation has been waived on the policy.
COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the 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. As used here, the garage keepers liability policy number exactly as it appears on the policy, including prefix and suffix symbols.
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 garage keepers 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 garage keepers liability policy expiration date.
COVERAGES	Comp/OTC	Check the box (if applicable): Indicates the comprehensive/other than collision option applies to the garage keepers liability limit.
COVERAGES	Loc	Enter number: The producer assigned identifier for the location number of the risk's location.
COVERAGES	Limit	Enter limit: The garage keepers liability limit comp/optic or specified perils limit for this location. 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 found on the policy declarations page.
COVERAGES	Specified Perils	Check the box (if applicable): Indicates the specified perils option applies to the garage keepers liability limit.
COVERAGES	Loc	Enter number: The producer assigned identifier for the location number of the risk's location.
COVERAGES	Limit	Enter limit: The garage keepers liability limit comp/optic or specified perils limit for this location. 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 found on the policy declarations page.
COVERAGES	Collision	Check the box (if applicable): Indicates the collision option applies to the garage keepers liability limit.

Section Name	Field Name	Field and/or Section Description
COVERAGES	Loc	Enter number: The producer assigned identifier for the location number of the risk's location.
COVERAGES	Limit	Enter limit: The garage keepers liability collision limit for this location. 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 found on the policy declarations page.
COVERAGES	Loc	Enter number: The producer assigned identifier for the location number of the risk's location.
COVERAGES	Limit	Enter limit: The garage keepers liability collision limit for this location. 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 found on the policy declarations page.
COVERAGES	Insurer Letter	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the commercial 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	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	Check the box (if applicable): Indicates other coverage not found on the form exists for the general liability policy.
COVERAGES	Describe Other	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	Check the box (if applicable): Indicates other coverage not found on the form exists for the general liability policy.
COVERAGES	Describe Other	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.

Section Name	Field Name	Field and/or Section Description
COVERAGES	Loc	Check the box (if applicable): Indicates the general liability policy, general aggregate limit applies per location.
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 policy.
COVERAGES	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates subrogation has been waived on the policy.
COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the 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. As used here, the general liability policy number exactly as it appears on the policy, including prefix and suffix symbols.
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 general 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 general liability policy expiration date.
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 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 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	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	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).

Section Name	Field Name	Field and/or Section Description
COVERAGES	Other Limit	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	Insurer Letter	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the commercial excess umbrella liability policy.
COVERAGES	Umbrella Liability	Check the box (if applicable): Indicates the type of policy is umbrella.
COVERAGES	Occur	Check the box (if applicable): Indicates "coverage trigger" is on an occurrence basis on an excess or umbrella liability policy.
COVERAGES	Excess Liability	Check the box (if applicable): Indicates the type of policy is excess.
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	Deductible	Check the box (if applicable): This indicates whether a deductible or retention amount applies to the excess or umbrella liability policy.
COVERAGES	Retention	Check the box (if applicable): Indicates the excess or umbrella liability policy has an applicable deductible or retention amount.
COVERAGES	Retention Amount	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 policy.
COVERAGES	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates subrogation has been waived on the policy.
COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the 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. As used here, the excess / umbrella policy 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 excess / umbrella 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 excess / umbrella policy expiration date.
COVERAGES	Each Occurrence Limit	Enter limit: The excess umbrella liability limit each occurrence limit.
COVERAGES	Aggregate Limit	Enter limit: The excess/umbrella liability aggregate limit should be listed as whole dollar amount, as found on the policy declarations page. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).

Section Name	Field Name	Field and/or Section Description
COVERAGES	Other	Enter text: The description of other coverage (not the limit) on the excess umbrella liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Other Limit	Enter limit: The excess umbrella liability limit other coverage limit. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES	Insurer Letter	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.
COVERAGES	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates subrogation has been waived on the policy.
COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the 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. As used here, the workers compensation policy 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 workers compensation 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 workers compensation policy expiration date.
COVERAGES	WC Statutory Limits	Check the box (if applicable): Indicates that workers compensation statutory limits apply.
COVERAGES	Other	Check the box (if applicable): Indicates that additional coverage above the workers compensation statutory limits applies (permitted in some states). Describe the additional coverage in the Special Provisions section.
COVERAGES	Limit	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	E.L. Each Accident	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).

Section Name	Field Name	Field and/or Section Description
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	Insurer Letter	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the other policy.
COVERAGES	Other Type of Insurance	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 policy.
COVERAGES	Subr Wvd	Enter Y for a "Yes" response. Input N for "No" response. Indicates subrogation has been waived on the policy.
COVERAGES	Policy Number	Enter identifier: The identifier assigned by the insurer to the 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. As used here, the policy number of the other policy.
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 effective date of the other policy,
COVERAGES	Policy Exp	Enter date: The date on which the terms and conditions of the policy will expire. As used here, the expiration date of the other policy.
COVERAGES	Other Limits	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).
REMARKS	Remarks	Enter text: The Certificate Of Liability Insurance general remarks. The additional comments or special conditions that may exist upon the policy. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
CERTIFICATE HOLDER	Certificate Holder	Enter text: The certificate holder's full name.
CERTIFICATE HOLDER	Address Line 1	Enter text: The certificate holder's mailing address line one.
CERTIFICATE HOLDER	Address Line 2	Enter text: The certificate holder's mailing address line two.
CERTIFICATE HOLDER	City	Enter text: The certificate holder's mailing address city name.
CERTIFICATE HOLDER	State	Enter code: The certificate holder's mailing address state or province code.
CERTIFICATE HOLDER	Zip	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.) by all companies to issue Certificates. This is required in most states.

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Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).