

Certificate of Authority & Insurance Binder

When an applicant is awarded a Job Training Fund grant, a contract between the State of New Hampshire and the applicant must be signed, initialed and dated. In addition to the signed contract, the applicant must also include the following:

Certificate of Authority
Insurance Binder

The **Certificate of Authority** names the person(s) in the company authorized to enter into a contract agreement with the State of New Hampshire. Here is a sample with notes:

1. Please use this as a sample.
2. Place the suggested copy on company letterhead.
3. Complete the form with appropriate names, titles, etc.
4. Provide the appropriate section of bylaws, if authority is given to a position through the bylaws/LLC agreement.
5. If able to, please include the corporate seal in the signature block.

VERY IMPORTANT!!! The signature DATE on this certification MUST be the same as the date the contract was signed. If this is not possible, then there must be a statement certifying that the person signing the contract had authority to do so on the date they signed it.

(this situation usually occurs when the certification is created after the contract was signed)

I, **Name**, hereby certify that I am the Secretary of **(Company Name)** and that by Consent of the Members at a regular meeting held on, **date**, the following vote was adopted:

The Members of **(Company name)** hereby authorizes **(Individual's name)**, as President (or other **Title**), to execute all documents by the LLC including, deeds, mortgages, leases, promissory notes, checks and other instruments; and to enter into contracts or execute and deliver any instrument in the name of and on behalf of the LLC. **(Edit the list of documents as appropriate if someone other than the president is being named)**

Signature

(Name), Title, date

This following sample language was pulled from standard bylaws... you may want to incorporate some of this into the Certificate of Authority.

The President, (Individual's Name), shall be the chief executive officer of the LLC/corporation and shall have general and active management of the operation of the LLC/corporation. He shall be responsible for the administration of the LLC/corporation, including general supervision of its policies, general and active management of its financial affairs and shall execute bonds, mortgages or other contracts under the Seal of the LLC/corporation.

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Insurance Binder is Required

All contracts with the State of NH require general liability and workers compensation to be maintained by the firm/vendor/contractor. The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per incident or occurrence. The Company must also attach a Certificate of Authority which is signed and dated the same day as the contract.

SAMPLE INSURANCE BINDER

CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 6/12/2014				
<small>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.</small>						
<small>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 endorsements).</small>						
<small>PRODUCER</small> FIAL/Cross Insurance 1100 Elm Street Manchester NH 03101	<small>AGENT</small> Carlie Morgan, CIC <small>PHONE</small> Ext. (603) 669-3218 <small>FAX</small> <small>EMAIL</small> carlie.morgan@crossagency.com <small>FAC. No.</small> (603) 648-4331					
<small>INSURED</small> State Of NH-Department		<small>INSURER(S) AFFORDING COVERAGE</small> Hartford Property & Casualty 34690				
<small>CERTIFICATE NUMBER: 14-15 GL</small> 3301		<small>REVISION NUMBER:</small>				
<small>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.</small>						
<small>TYPE</small>	<small>TYPE OF INSURANCE</small>	<small>ADD. BOND</small>	<small>POLICY NUMBER</small>	<small>POLICY EFF. (MM/DD/YYYY)</small>	<small>POLICY EXP. (MM/DD/YYYY)</small>	<small>LIMITS</small>
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		0400NEP2116	4/1/2014	4/1/2015	EACH OCCURRENCE \$ 1,000,000 PREMISES & EQUIPMENT \$ 300,000 MED EXP. (Per occurrence) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMBOP AGG \$ 2,000,000
	<small>SEMI-AGGREGATE LIMIT APPLIES PER</small> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC					
	<small>AUTOMOBILE LIABILITY</small> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> UNLICENSED AUTOS					COMBINED SINGLE LIMIT BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<small>UMBRELLA LIAB</small> <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIMIT <input type="checkbox"/> CLAIMS MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<small>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</small> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE <input type="checkbox"/> OFFICER/DIRECTOR/OWNER/KEY EMPLOYEE (Beneficiary is NH) F.H.A. BENEFIT UNIT DESCRIPTION OF OPERATIONS below		N/A			(SEE STATE) (DIN) BODY LIMITS \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<small>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Refer to policy for exclusions, endorsements and special provisions.</small>						
<small>CERTIFICATE HOLDER</small> For Informational Purposes Only				<small>CANCELLATION</small> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
				<small>AUTHORIZED REPRESENTATIVE</small> M Bendershot, CIC/JSC <i>Mendel B. Bendershot</i>		