



How to Generate a Certificate of Insurance (COI)

Portal Instruction Guide – Agent Portal

NOTE: Log in to the Agent portal using Google Chrome, Microsoft Edge, or Mozilla Firefox.

1. From the **Quick Links**, select **Generate Certificate of Insurance**.

PAY AS YOU GO Does this payment plan fit your clients? Find out. >>

| | | | | | |
|--------------|----------------|----------------|---------------|---------------------|---------------------|
| 33 Quotes | 4 Prospects | 12 Renewals | 35 Changes | 22 Delinquencies | 47 Cancellations |
|--------------|----------------|----------------|---------------|---------------------|---------------------|

Quick Links

- Make a Payment
- Report an Injury or Incident
- Change a Policy
- View Account Activity
- Generate Certificate of Insurance**
- Generate A Loss Run
- Agency Claims List
- Update Your Details
- Virtual Claims Kit

Or, from the **Policies Tab**, select the **Policy Number Hyperlink**. Then select **Generate a Certificate**.

MEM Search by account or policy number...

Dashboard Accounts **Policies** Commission Resources

Policies

View All

| | | | | |
|--------------|-----------------|-----------------|------------------|-----------------|
| All Policies | Recently Viewed | Recently Issued | 16 Delinquent | 42 Open Quot |
|--------------|-----------------|-----------------|------------------|-----------------|

| Policy Number ^ | Account Number ^ | Named Insured ^ | Total Premium ^ |
|-----------------------|------------------|-----------------|-----------------|
| MEM 3019574-18 | 3019574 | Amy's Store | \$5,423.00 |

Account: Amy's Store

Amy's Store (3019574) In Force

| | | | | |
|---------|----------|--------------|-------------|---------|
| Summary | Contacts | 3 Changes | 0 Claims | Billing |
|---------|----------|--------------|-------------|---------|

Underwriting company: MEM Mutual Insurance Company

Generate a Certificate Generate a Loss Run View Account Activity Request a Policy Change



2. Enter the **Recipient Name** in the Generating Certificate of Insurance dialog box.
3. Enter an **Address**.
4. Enter the **City, State** and **Zip Code**.
5. Select a **Generate COI**.

Generating Certificate of Insurance: 01/11/2025 - 01/11/2026 ×

| | |
|----------------|--|
| Policy | 2024050 |
| Recipient Name | <input type="text" value="H & H Homes"/> |
| Address Line 1 | <input type="text" value="801 E. Broadway"/> |
| Address Line 2 | <input type="text"/> |
| City | <input type="text" value="Columbia"/> |
| State | <input type="text" value="Missouri"/> |
| ZIP Code | <input type="text" value="65203"/> |


NOTE: The message “Please wait while we are generating the report” will appear.



6. Once generated, the Certificate of Insurance will appear in a separate window where it can be **Downloaded, Saved** or **Printed**.



07a7a40b-31e5-4c75-9913-9bec700d637d 1 / 1 80%



ACORD
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/13/2025

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 have ADDITIONAL INSURED provisions or 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 138-1 Example Agency 1234 Agency Ave. Columbia, MO 65201 | CONTRACT NAME: PHONE No. Ext.: 573.455.4600 FAX (AC.No.): E-MAIL: ADDRESS: |
| INSURED Amy's Store 101 N. Keene St. Columbia, MO 65201 | INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: MEM Mutual Insurance Company 0000-10191 INSURER B: INSURER C: INSURER D: INSURER E: |

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

THIS IS TO CERTIFY THAT THE POLICES 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.

| TYPE | TYPE OF INSURANCE | ADDITIONAL COVERAGES | POLICY NUMBER | POLICY EFF. DATE (MM/DD/YYYY) | POLICY EXPI. DATE (MM/DD/YYYY) | LIMITS |
|------|---|----------------------|----------------|-------------------------------|--------------------------------|--|
| A | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> EACH OCCURRENCE <input type="checkbox"/> LOC OTHER: | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES - EA OCCURRENCE \$ MED EXP (Per person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UNREHEALED \$ EXCESS LIMIT \$ DED. RETENTION \$ |
| A | WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY POLICY FOR PARTIAL TIME/RECREATIVE OFFICERS/EMERGENS EXCLUDED (Mandatory in MO) (Form, number apply) DESCRIPTION OF OPERATIONS below | Y/N N/A | MEM 1234567-08 | 01/11/2025 | 01/11/2026 | <input checked="" type="checkbox"/> STATE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 33L Additional Remarks Schedule, may be attached if more space is required)

| | |
|---|--|
| CERTIFICATE HOLDER H & H Homes 801 E. Broadway Columbia, MO 65203 | 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: <i>[Signature]</i> |
|---|--|

© 1988-2015 ACORD CORPORATION. All rights reserved.
ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD

NOTE: If the certificate window does not open, check the internet browser's pop-up blocker settings.

Where to Get Help

If this document does not address your questions, please contact **Customer Care** at customer-care@mem-ins.com or 800.442.0593.