

Certificate of Liability Insurance Sample

Please see sample certificate below. Certificates are due no less than two weeks prior to event date and must have the following noted:

1. Type of insurance must be "General Liability"
2. Amount of coverage per occurrence must be \$1,000,000
3. Forest Preserves of Cook County must be listed specifically as "Additional Insured"
4. Address to be used on insurance should reflect our General Headquarters office in River Forest.
5. Endorsement must be attached to certificate.

Note: Events with 1,000+ attendees require \$2,000,000 per occurrence. Also, events that wish to sell (beer or wine only), will have additional insurance requirements.

CERTIFICATE OF LIABILITY INSURANCE

OP ID: JJ

DATE (MM/DD/YYYY): 07/22/11

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 ABC Insurance Agency 456 Smith St. Riverforest, IL 60305	CONTACT NAME: _____ FAX: _____ PHONE: _____ JAC. NO: _____ E-MAIL: _____ ADDRESS: _____ PRODUCER CUSTOMER ID #: JIMD002																					
INSURED John Smith 123 Main. St. Chicago, IL 60606	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">INSURER A:</th> <th style="width: 50%;">INSURER AFFORDING COVERAGE</th> <th style="width: 50%;">NAIC #</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>INSURER B:</td> <td> </td> <td> </td> </tr> <tr> <td>INSURER C:</td> <td> </td> <td> </td> </tr> <tr> <td>INSURER D:</td> <td> </td> <td> </td> </tr> <tr> <td>INSURER E:</td> <td> </td> <td> </td> </tr> <tr> <td>INSURER F:</td> <td> </td> <td> </td> </tr> </table>	INSURER A:	INSURER AFFORDING COVERAGE	NAIC #				INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES **CERTIFICATE NUMBER:** 1234567-89 **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.

TYPE	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLASS-SIDE <input checked="" type="checkbox"/> OCCUR		1234567-89	07/01/11	07/01/12	EACH OCCURRENCE \$ 1,000,000 AGGREGATE PER OCCURRENCE \$ 50,000 MED EXP (per emp period) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	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 LIMB <input type="checkbox"/> FOUR EXCESS LIMB <input type="checkbox"/> OCCUR DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY REQUIREMENTS/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Mandatory in WA) FUEL SOURCE (if applicable) DESCRIPTION OF OPERATIONS (if applicable)	N/A		07/01/11	07/01/20	<input type="checkbox"/> NON-STAT <input type="checkbox"/> STAT <input type="checkbox"/> LTD <input type="checkbox"/> STD E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

The Forest Preserves of Cook County is named additional insured

CERTIFICATE HOLDER

Forest Preserves of Cook County
536 N. Harlem Ave
River Forest, IL 60305

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
Jim Schubert

ACORD 25 (2009/09) The ACORD name and logo are registered marks of ACORD

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FPCC 536 N. Harlem, River Forest, IL 60305 ♦ (P) 800-870-3666 Option 2 (F) 708-771-1071 ♦ (Email) fpdcc.rvp@cookcountyil.gov
Rev. 06/10/2016

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

SAMPLE