

In order to approve special use items at your picnic/event additional paperwork must be submitted. All documents must be **approved no less than two weeks** prior to your permitted date. Documents/fees received within two weeks of event date are subject to denial or \$25 late fee. Special Use items may be operated between the hours of 10 am to 6 pm, but no later than two hours before sunset.

***Please Note:*** *If documents are not received and approved within the allotted time frame special use items will not be allowed at your event and fees will be non-refundable.*

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**If you bring your own special use items onto District property, an insurance certificate in the name of the permit applicant to cover personally owned special use items is required. The insurance certificate must be:**

1. A certificate of general liability insurance, for \$1,000,000 per occurrence with the endorsement attached. It must also name the Forest Preserve District of Cook County as an additional insured from your own insurance agent. Events with 1,000+ attendees will require \$2,000,000 general liability per occurrence. (Please see sample of insurance certificate on next page.)

**If you are renting the special use items an insurance certificate from each rental place to cover special use items from each vendor is required.**

1. A certificate of general liability insurance, in the amount for \$1,000,000 per occurrence with the endorsement attached. Events with 1,000+ attendees will require \$2,000,000 general liability per occurrence.  
It must also name the Forest Preserve District of Cook County as an additional insured from **each** vendor(s) that you are obtaining these Special Use items from. The certificate must reference the permit applicant, date of event and location of event. (Please see sample on next page.)
2. A copy of the contract(s) or receipt(s) from **each** vendor(s) that you are obtaining these Special Use items. The contract(s) or receipt(s) must reference the name of the permit applicant.

**The following suggestions are provided to assist you in obtaining the necessary insurance certificate:**

If your group is a family or an organization without insurance coverage, you (the applicant), could provide these instructions to your homeowner's insurance agent. Many times, your homeowner's insurance carrier will provide the required coverage as an endorsement (special event endorsement) to your existing policy and issue the certificate. Be persistent. If your agent does not know how to handle this, ask to speak to an underwriter at the insurance company's office.


If you cannot obtain the certificate from your homeowner's insurance carrier or you don't own a home, you may have to purchase a "Special Events" insurance policy through a tour agent or an insurance broker. The cost will depend upon the nature of your group, the activities planned and the company's evaluation of risk.

# Certificate of Liability Insurance Sample

Please see sample certificate below. Certificates are due no less than two weeks prior to event date Documents/fees received within two weeks of event date are subject to denial or \$25 late fee. The following must be 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).

<b>PRODUCER</b> ABC Insurance Agency 456 Smith St. Riverforest, IL 60305	<b>CONTACT</b> NAME: _____ FAX: _____ PHONE: _____ JAC. NO: _____ E-MAIL: _____ ADDRESS: _____ PRODUCER CUSTOMER ID #: JIMD002																					
<b>INSURED</b> 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 B:																						
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

TYPE	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
1	<input checked="" type="checkbox"/> 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/occ) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$ \$ \$
	<b>UMBRELLA LIMB</b> <input type="checkbox"/> FOUR <input type="checkbox"/> EXCESS LIMB <input type="checkbox"/> OCCUR <input type="checkbox"/> DEDUCTIBLE \$ <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY REQUIREMENTS/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO (Mandatory in MD) FUEL SOURCE (per year) DESCRIPTION OF OPERATIONS (per year)	T/N N/A		07/01/11	07/01/20	<input type="checkbox"/> STATUTORY <input type="checkbox"/> POLICY LIMITS <input type="checkbox"/> CON-EX 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

<b>CERTIFICATE HOLDER</b> Forest Preserves of Cook County 536 N. Harlem Ave River Forest, IL 60305	<b>CANCELLATION</b> 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
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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