SAMPLE Certificate of Liability Insurance (COI)

Insurance is required for all Athletic/Special Events and Picnics bringing in owned Special Use items. VENDORS WHO ARE ON THE FPCC APPROVED VENDOR LIST HAVE VALID INSURANCE ON FILE WITH THE DISTRICT.

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

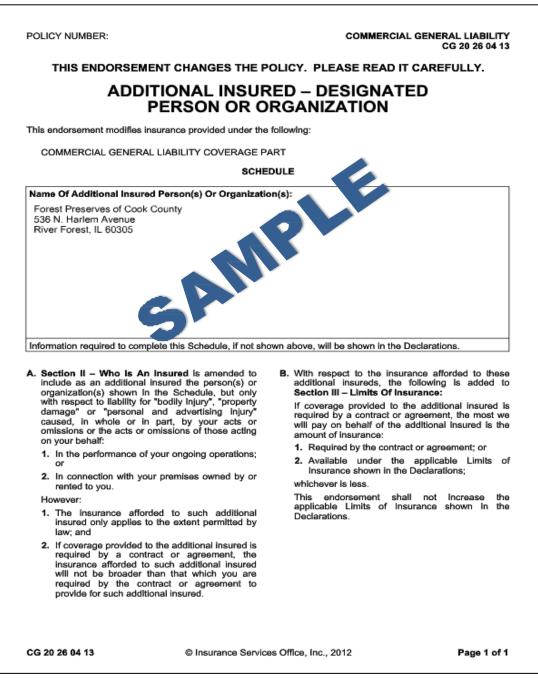
- 1. Type of insurance must be "Commercial General Liability."
- 2. Amount of coverage per occurrence must be \$1,000,000. Events with 1,000+ attendees require \$2,000,000 per occurrence
- 3. Forest Preserves of Cook County must be listed <u>specifically</u> as "Additional Insured." (Policy numbers must match policy numbers on endorsement page.)
- 4. Address to be used on insurance should reflect our General Headquarters office in River Forest.
- 5. Insurance must be in permit holder name

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the		E ISSUING INSURER(S),	
If SUBROGATION IS WAIVED, subject to the terms and conditions of the this certificate does not confer rights to the certificate holder in lieu of s	he policy, certain policies may re		
PRODUCER	CONTACT NAME: John Doe		
Whoop Liver Saint	PHONE (A/C, No, Ext): 773-202-5862	FAX (A/C, No):	
Insurance 588 Street J	E-MAIL ADDRESS: Test2@gmail.com		
Forest Park, IL 60302	INSURER A : Liver Saint Saint	NG CORAGE	NAIC # 544688
NSURED	INSURER B :		
Steal Toe Whoop INC. 425 S Harlem Ave.	INSURER C :		
Lake Avenue, IL 60305	INSURER D :		
	INSURER		
COVERAGES CERTIFICATE NUMBER:	R	EVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	N OF AN ONTRACT OF OTHER DO DED BY THE OLICIES ESCRIBED E BEEN REDUCTION OF AN OLICIES	NAMED ABOVE FOR THE P CUMENT WITH RESPECT T HEREIN IS SUBJECT TO AL	OLICY PERIOD O WHICH THIS L THE TERMS,
NSR TYPE OF INSURANCE ADDL SUBR WYD POLICY NUMBER	POLICI (MM/DD/Y) (MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE X CCCUR		AMAGE TO RENTED	,000,000.00
X5566-7890-2		REMISES (Ea occurrence) 5	1.000.000.00
X X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			,000,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:			00.000,000,00
POLICY PRO- JECT LOC	F	RODUCTS - COMP/OP AGG \$ 2	00.000,000
OTHER: AUTOMOBILE LIABILITY		OMBINED SINGLE LIMIT s	
ANY AUTO		ODILY INJURY (Per person) \$	
OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED		ODILY INJURY (Per accident) S	
AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY	H C	Per accident) S	
UMBRELLA LIAD OCCUR		ACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MA		GGREGATE \$	
DED RETENTION \$		\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		PER OTH- STATUTE ER	
ANYPROPRIETOR/PARTNER/EXECUTIVE		L. EACH ACCIDENT S	
If yes, describe under DESCRIPTION OF OPERATIONS below		L. DISEASE - POLICY LIMIT \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedu	ide may be attached if more cases is required		

536 N Harlem Ave, River Forest, IL 60305 • (P) 800.870.3666 • (F) 708.771.1071 • (E) <u>fpd.permits@cookcountyil.gov</u> Page **18** of **19**

v. (11/2022)

SAMPLE: Endorsement Page of COI



536 N Harlem Ave, River Forest, IL 60305 • (P) 800.870.3666 • (F) 708.771.1071 • (E) <u>fpd.permits@cookcountyil.gov</u> Page **19** of **19** v. (11/2022)