

# APPENDIX A: CERTIFICATE OF LIABILITY INSURANCE SAMPLE

PLEASE SEE SAMPLE CERTIFICATE BELOW.

1. Type of insurances must be listed "General Liability, Automobile & Works Compensation"
2. Amount of coverage per occurrence must be \$1,000,000
3. The Forest Preserves of Cook County must be listed specifically as "Additional Insured"
4. Address to be used on insurance should reflect our General Headquarters:  
**The Forest Preserve of Cook County 536 N. Harlem Ave River Forest, IL 60305**
5. Endorsement must be attached to certificate: **Name Of Additional Insured : Forest Preserve of Cook County**

<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) <b>09/20/2022</b>																																																																																					
<p><b>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.</b></p> <p><b>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).</b></p>																																																																																							
<p>PRODUCER</p> <p style="text-align: center;"><b>INSURANCE AGENT INFORMATION</b></p>	<p>CONTACT NAME: <b>INSURANCE AGENT</b></p> <p>PHONE (A/C, No, Ext): <b>PHONE NUMBER</b>      FAX (A/C, No):</p> <p>E-MAIL ADDRESS: <b>EMAIL ADDRESS</b></p> <hr/> <p style="text-align: center;">INSURER(S) AFFORDING COVERAGE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A : <b>NAME OF INSURANCE</b></td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INSURER B :</td> <td><b>12345</b></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		INSURER A : <b>NAME OF INSURANCE</b>	NAIC #	INSURER B :	<b>12345</b>	INSURER C :		INSURER D :		INSURER E :		INSURER F :																																																																										
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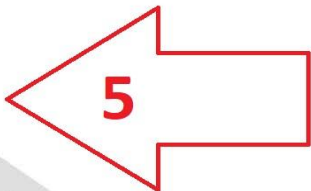
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):  The Forest Preserves of Cook County	
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- A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II – Who Is An Insured:
1. In the performance of your ongoing operations; or
  2. In connection with your premises owned by or rented to you. However:
    1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
    2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:  
If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:
1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.
- This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.