


SAMPLE CERTIFICATE OF LIABILITY INSURANCE

Required for Public Way Use Permits – Certificate of Insurance

ONLY CERTIFICATES WITH ALL THE REQUIRED INFORMATION COMPLETED EXACTLY AS INDICATED BELOW WILL BE ACCEPTED



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Date certificate is issued

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 DESCRIBED HEREIN. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER 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).

<p>PRODUCER</p>	<p>CONTACT NAME: _____</p> <p>PHONE (A/C, No, EXT): _____ FAX (A/C, No): _____</p> <p>E-MAIL ADDRESS: _____</p>
<p>INSURED</p> <p><i>Insured name and address must match the legal name and business location address listed on the City of Chicago Public Way Use Permit Application</i></p>	<p>INSURER(S) AFFORDING COVERAGE</p> <p>INSURER A: _____ NAIC # _____</p> <p>INSURER B: _____</p> <p>INSURER C: _____ <i>Insurer must be authorized to insure in Illinois</i></p> <p>INSURER D: _____</p> <p>INSURER E: _____</p> <p>INSURER F: _____</p>

COVERAGES **CERTIFICATE NUMBER:** _____ **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.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSD WOOD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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"/> PROJECT <input type="checkbox"/> LOC OTHER: _____		<i>Provide active policy number</i>		<i>Must provide 1 year coverage - including or starting on the date of permit term</i>	EACH OCCURRENCE DAMAGE TO REY PREMISES (Ea of MED EXP (Any of PERSONAL & AD GENERAL AGGR PRODUCTS - CO COMBINED SINGLE ACCIDENTS) BODILY INJURY (BODILY INJURY (PROPERTY DAM (Per accident) EACH OCCURRENCE AGGREGATE PER STATUTE E.L. EACH ACCID E.L. DISEASE - EA E.L. DISEASE - POLI
	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					
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: _____ RETENTION \$: _____					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

*The following statement must be included in this "DESCRIPTION" section:
The City of Chicago, its agents and employees are listed as additional insured in regards to ... (list all specific public way use(s) and location(s) here).*

<p>CERTIFICATE HOLDER</p> <p><i>BACP must be listed as Additional Insured:</i> City of Chicago Department of Business Affairs and Consumer Protection 121 N. LaSalle St., Rm. 805 Chicago, IL 60602</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN _____</p> <p><i>Must indicate 10 days advance written notice</i></p> <p>AUTHORIZED REPRESENTATIVE</p> <p>_____ <i>Signature of Authorized Representative</i></p>
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