

RECORD

Certificate of Insurance

Issue Date  
December 23 2018

PRODUCER:

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

**SAMPLE**

Insured

COMPANIES AFFORDING COVERAGE

Company Letter	A	
Company Letter	B	
Company Letter	C	
Company Letter	D	
Company Letter	E	

Coverages

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NO LIMIT, STANDARD, EXCLUSION, 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 TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO :TR	Type of Insurance	Policy Number	Policy Effective Date	Policy Expiration Date	Limits	
A	General Liability <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur. <input type="checkbox"/> Owner's & Contractor's Prot <input checked="" type="checkbox"/> Per project aggregate		01/01/07	01/01/08	General Aggregate	\$ 1,000,000
					Products-Comp Ops Agg.	\$ 2,000,000
					Personal & Adv. Injury	\$ 1,000,000
					Each Occurrence	\$ 1,000,000
					Fire Damage (any One Fire)	\$ 300,000
					Med. Expense (Any one Person)	\$ 10,000
	Automobile Liability Any Auto All Owned Autos Scheduled Autos Hired Autos Non-Owned Autos <input type="checkbox"/> Garage Liability				Combined Single Limit	\$
					Bodily Injury (Per Person)	\$
					Bodily Injury (Per Accident)	\$
					Property Damage	\$
	Excess Liability Umbrella Form <input type="checkbox"/> Other than Umbrella Form				Each Occurrence	\$
					Aggregate	\$
	Worker's Compensation and Employers' Liability The Proprietor/Partners/Executive Officers Are: Incl <input checked="" type="checkbox"/> Excl <input type="checkbox"/>				Statutory Limits	
					Each Accident	\$
					Disease - Policy Limit	\$
					Disease - Each Employee	\$
	Excess Liability					

**SAMPLE**

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CITY OF CHICAGO AS AN ADDITIONAL INSURED**

CERTIFICATE HOLDER

City of Chicago  
 Department of Transportation  
 121 N. LaSalle St.  
 Room 905  
 Chicago, IL 60602

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

FAX NO. 312-744-6789

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