SAMPLE CERTIFICATE OF LIABILITY INSURANCE

SAMPLE – Public Way Use Insurance Certificate

Certificate of Liability Insurance

Date (mm/dd/yy)

Date certificate is issued

Producer
ABC Insurance Agency, Inc.
123 Main St.
Chicago, IL 606xx
Phone: (xxx) xxx-xxxx Fax: (xxx) xxx-xxxx

Insurers Affording Coverage

Insured

Legal Name
Legal Address
Chicago, IL 606__

Insured name and address must match the legal name and business location address listed on the City of Chicago Business License Application

Insurer A: **XYZ Insurance Company**
Insurer B:
Insurer C:
Insurer D:
Insurer E:

Insurer must be authorized to insure in Illinois

Coverage's
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

INSR LTR	Type of Insurance	Policy Number	Policy Effective Date	Policy Expiration Date	Limits	
A	General Liability ☐ Commercial General Liability XXXXXXXXXX XXXXXXXXXX	AB1234567	MM/DD/YY	MM/DD/YY	GENERAL AGGREGATE	
					PRODUCTS – COMP/OP AGG	
					PERSONAL & ADV INJURY	
					EACH OCCURRENCE	$1,000,000
					FIRE DAMAGE	
					MED EXP	
	Auto Liability XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX				COMBINED SINGLE LIMIT	$1,000,000
					BODILY INJURY	$1,000,000
					BODILY INJURY – PER ACCIDENT	
					PROPERTY DAMAGE	$1,000,000
	Garage Liability XXXXXXXX XXXXXXXX					
	Excess Liability XXXXXXXX XXXXXXXX XXXXXXXX					
	Worker's Compensation and Employers…					
B	Other					

Provide active policy number

Must provide 1 year coverage – including, or starting on the date of license issuance (if applicable)

Commercial general liability insurance with limits of not less than $1,000,000, per occurrence, combined single limit, for bodily injury, personal injury, and property damage

Description of Operations/Locations/Vehicles/Exclusions Added by Endorsement/Special Provisions
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)*

The statement above must be included in this section

Must indicate 10 days written notice to certificate holder

CERTIFICATE HOLDER / Additional Insured

City of Chicago
Department of Business Affairs and Consumer Protection
121 N. LaSalle, Room 800
Chicago, IL 60602

The City of Chicago – BACP must be listed as Additional Insured

Cancellation

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT XXXXXXXXXXX SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

Authorized Representative
ABC Insurance Agency, Inc.

Pat Smith

Signature from Authorized Rep.