

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

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)

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 LISTED BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER AND THE CERTIFICATE HOLDER, REPRESENTATIVE OR PRODUCER, 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).

PRODUCER CONTACT NAME: _____ PHONE (A/C, No, EXT): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ ADDRESS: _____ INSURER(S) AFFORDING COVERAGE: _____ NAIC #: _____	
INSURED INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____	

Insured name and address must match the legal name and business location address listed on the City of Chicago Public Way Use Permit Application

Insurer must be authorized to insure in Illinois

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 RENT 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 - POLIC
	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) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					

Commercial general liability insurance with limits of not less than \$500,000, per occurrence, \$1,000,000 in the aggregate combined single limit, for bodily injury, personal injury and property damage liability

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).*

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

ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD



SAMPLE POLICY ENDORSEMENT

Required for Public Way Use Permits – Policy Endorsement

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

POLICY NUMBER:

The same active policy number as in the Certificate of Liability Insurance

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

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 PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

BACP must be listed as Additional Insured:

*City of Chicago
Department of Business Affairs and Consumer Protection
121 N. LaSalle St., Rm. 805
Chicago, IL 60602*

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf.

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

CG 20 26 07 04

© ISO Properties, Inc., 2004

