

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 UNDER THE CERTIFICATE. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER 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:		FAX (A/C, No):	
	PHONE (A/C, No, Ext):		E-MAIL 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 NSD WWP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY		Provide active policy number	Must provide 1 year coverage - including or starting on the date of permit term		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
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					
	GEN'L AGGREGATE LIMIT APPLIES PER:					
<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				
<input type="checkbox"/>	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				
<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				
<input type="checkbox"/>	DED RETENTION \$					
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A				
<input type="checkbox"/>	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					
<input type="checkbox"/>	If yes, describe under DESCRIPTION OF OPERATIONS below					

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	CANCELLATION
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	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

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