INSURANCE REQUIREMENTS

The following requirements for ACORD® forms (see ACORD® form example), Insurance Certificates, or binding endorsements pertain to activities, such as, but not limited to:

- Caterers preparing food on site or staying during the event
- Providers of inflated rides, dunk tanks, etc.
- Walk-a-thons or race events, etc.

1. An ACORD® form, certificate of insurance, or binding endorsement must indicate full liability coverage of not less than 1,000,000 per occurrence and combined aggregate with the City of Rochester Hills named as also insured.

2. The “Description of Operation/Locations...” section must contain the following:

   - **Additional Insureds:** City of Rochester Hills, all elected and appointed officials, all employees and volunteers, all Boards, Commissions and/or authorities and Board members, including employees and volunteers thereof. This coverage shall be primary to the Additional Insureds, and not contributing with any other insurance or similar protection available to the Additional Insureds, whether other available coverage be primary, contributing, or excess.

3. The “Certificate Holder” section must contain the following:

   - **City of Rochester Hills**
     1000 Rochester Hills Dr.
     Rochester Hills, MI 48309-3033

   - **Please include:** Event date, Shelter name, and group name.

4. The ACORD® form, certificate or binding endorsement must be sent directly from the insurance company to:

   - **City of Rochester Hills**
     Parks & Natural Resources - Shelter Reservations
     1000 Rochester Hills Dr.
     Rochester Hills, MI 48309-3033

Your compliance with these requirements will avoid unnecessary delays.

This information is also available on the City’s website. [www.rochesterhills.org/shelters](http://www.rochesterhills.org/shelters). For further questions, please contact the Parks & Natural Resources at:

- Phone: 248.656.4673
- Fax: 248.841.2576
- Email: parks@rochesterhills.org
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFRS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED 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

ABC INSURANCE COMPANY 123
MAIN STREET
ANYTOWN, ANYSTATE

CONTACT

NAME: [Redacted]
PHONE [Redacted]
FAX [Redacted]
ADDRESS: [Redacted]
PRODUCER [Redacted]

CUSTOMER ID #: [Redacted]

INSURER(S) AFFORDING COVERAGE

INSURER A: MAJOR INSURANCE AGENCY
INSURER B: [Redacted]
INSURER C: [Redacted]
INSURER D: [Redacted]
INSURER E: [Redacted]
INSURER F: [Redacted]

COVERAGES

VENDOR FOR: INFLATABLE RIDE, CATERING COMPANY, RACE EVENT OR WALK-A-THON, etc
456 MAIN STREET
ANYTOWN, ANYSTATE

CERTIFICATE NUMBER:

REVISED 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.

<table>
<thead>
<tr>
<th>INSURER</th>
<th>TYPE OF INSURANCE</th>
<th>LIMITS</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>GENERAL LIABILITY</td>
<td>EACH OCCURRENCE: $1,000,000</td>
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<tr>
<td></td>
<td></td>
<td>DAMAGE TO RENTED PREMISES (EA occurrence): $1,000,000</td>
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<tr>
<td></td>
<td></td>
<td>MED EXP (Any one person): $1,000,000</td>
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<tr>
<td></td>
<td></td>
<td>PERSONAL &amp; ADV INJURY: $1,000,000</td>
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<td>GENERAL AGGREGATE: $1,000,000</td>
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<tr>
<td></td>
<td></td>
<td>PRODUCTS - COMP/OP AGG: $1,000,000</td>
</tr>
<tr>
<td></td>
<td>AUTOMOBILE LIABILITY</td>
<td>COMBINED SINGLE LIMIT (EA accident): $</td>
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<tr>
<td></td>
<td></td>
<td>bodily injury (Per person): $</td>
</tr>
<tr>
<td></td>
<td></td>
<td>bodily injury (Per accident): $</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PROPERTY DAMAGE (Per accident): $</td>
</tr>
</tbody>
</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES

Additional Insureds: City of Rochester Hills, all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and board members, including employees and volunteers thereof. This coverage shall be primary to the Additional Insureds, and not contributing with any other insurance or similar protection available to the Additional Insureds, whether other available coverage be primary, contributory, or excess.

CERTIFICATE HOLDER

CITY OF ROCHESTER HILLS
1000 ROCHESTER HILLS DR.
ROCHESTER HILLS, MI 48309-3033

EVENT DATE: MM/DD/YYYY
SHELTER NAME: [Redacted]
GROUP NAME: [Redacted]

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

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