



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
00/00/2011

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 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).

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| <b>PRODUCER</b><br>ABC INSURANCE COMPANY<br>123 MAIN STREET<br>ANYTOWN USA                                                | <b>CONTACT NAME:</b><br>PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____<br>E-MAIL ADDRESS:<br>PRODUCER CUSTOMER ID #: _____ |  |
|                                                                                                                           | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                         |  |
| <b>INSURED</b><br>INFLATABLE RIDES/CATERING COMPANY<br>-OR-<br>RACE EVENT/WALK-A-THON<br>456 MAIN STREET<br>SOMEWHERE USA | <b>INSURER A:</b> MAJOR INSURANCE AGENCY                                                                                     |  |
|                                                                                                                           | <b>INSURER B:</b>                                                                                                            |  |
|                                                                                                                           | <b>INSURER C:</b>                                                                                                            |  |
|                                                                                                                           | <b>INSURER D:</b>                                                                                                            |  |
|                                                                                                                           | <b>INSURER E:</b>                                                                                                            |  |
|                                                                                                                           | <b>INSURER F:</b>                                                                                                            |  |

**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                                                           | ADDL INSR                         | SUBR INSR                | WVD                          | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                             |
|-------------------------------------|-----------------------------------------------------------------------------|-----------------------------------|--------------------------|------------------------------|---------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                     | <b>GENERAL LIABILITY</b>                                                    |                                   |                          |                              | 123456789     | 00/00/11                | 00/00/12                | EACH OCCURRENCE \$ 000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 000,000<br>MED EXP (Any one person) \$ 000,000<br>PERSONAL & ADV INJURY \$ 000,000<br>GENERAL AGGREGATE \$ 000,000<br>PRODUCTS - COMP/OP AGG \$ 000,000 |
| <input checked="" type="checkbox"/> | COMMERCIAL GENERAL LIABILITY                                                |                                   |                          |                              |               |                         |                         |                                                                                                                                                                                                                                    |
|                                     | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                       |                                   |                          |                              |               |                         |                         |                                                                                                                                                                                                                                    |
|                                     | GEN'L AGGREGATE LIMIT APPLIES PER:                                          |                                   |                          |                              |               |                         |                         |                                                                                                                                                                                                                                    |
|                                     | <input type="checkbox"/> POLICY                                             | <input type="checkbox"/> PRO-JECT | <input type="checkbox"/> | <input type="checkbox"/> LOC |               |                         |                         |                                                                                                                                                                                                                                    |
| <input checked="" type="checkbox"/> | <b>AUTOMOBILE LIABILITY</b>                                                 |                                   |                          |                              |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$ 500,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$<br>\$                                                                |
|                                     | ANY AUTO                                                                    |                                   |                          |                              |               |                         |                         |                                                                                                                                                                                                                                    |
|                                     | ALL OWNED AUTOS                                                             |                                   |                          |                              |               |                         |                         |                                                                                                                                                                                                                                    |
|                                     | SCHEDULED AUTOS                                                             |                                   |                          |                              |               |                         |                         |                                                                                                                                                                                                                                    |
|                                     | HIRED AUTOS                                                                 |                                   |                          |                              |               |                         |                         |                                                                                                                                                                                                                                    |
|                                     | NON-OWNED AUTOS                                                             |                                   |                          |                              |               |                         |                         |                                                                                                                                                                                                                                    |
|                                     | <b>UMBRELLA LIAB</b>                                                        |                                   |                          |                              |               |                         |                         | EACH OCCURRENCE \$                                                                                                                                                                                                                 |
|                                     | <b>EXCESS LIAB</b>                                                          |                                   |                          |                              |               |                         |                         | AGGREGATE \$                                                                                                                                                                                                                       |
|                                     | DEDUCTIBLE                                                                  |                                   |                          |                              |               |                         |                         | \$                                                                                                                                                                                                                                 |
|                                     | RETENTION \$                                                                |                                   |                          |                              |               |                         |                         | \$                                                                                                                                                                                                                                 |
|                                     | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                        |                                   |                          |                              |               |                         |                         | WC STATU-TORY LIMITS   OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                                                          |
|                                     | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) |                                   |                          |                              |               |                         |                         |                                                                                                                                                                                                                                    |
|                                     | If yes, describe under DESCRIPTION OF OPERATIONS below                      |                                   |                          |                              |               |                         |                         |                                                                                                                                                                                                                                    |

EXAMPLE

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
ADDITIONAL INSURED - GENERAL LIABILITY: CITY OF ROCHESTER HILLS, ALL ELECTED AND APPOINTED OFFICIALS, ALL EMPLOYEES AND VOLUNTEERS, ALL BOARDS, COMMISSIONS AND/OR AUTHORITIES AND THEIR BOARD MEMBERS, EMPLOYEES AND VOLUNTEERS

|                                                                                                                            |                                                                                                                                                                                                                                      |
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| <b>CERTIFICATE HOLDER</b><br>CITY OF ROCHESTER HILLS<br>1000 ROCHESTER HILLS DRIVE<br>ROCHESTER HILLS, MICHIGAN 48309-3033 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>[ SIGNED ] |
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