PLEASE PROVIDE COPY OF THIS ENTIRE DOCUMENT (ALL 6 PAGES) TO YOUR INSURANCE AGENT OR BROKER.

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_	CORD CER	TI	FIC	CATE OF LIA	ABII	LITY II	NSUR/	ANCE		(MATERIALITY) (Nothbook
	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.									
1	MPORTANT: If the certificate holder the terms and conditions of the policy certificate holder in Heu of such endor	, ce	rtain (policies may require an	e policy endorse	(les) must b ement. A sta	e endorsed. tement on ti	If SUBROGATION IS Water contificate does not contificate does not continue.	iAIVED onfer ri	, subject to ights to the
PRO	DOUGER				500	ACT Agency	Contact			
•	surance Agency Name				100	Pott: Phone		(AVC, No):	Fax	
	surance Agency Address1					es: Email				
	SUTENCE Agency Address2 SUTENCE Agency City			ST ZiP	-			RDING COVERAGE		NAIC#
_	UNED			. 31 ZIF	MSLN			Insurance Carrier		NAIC#
	Named Insured				BEBLIRE			tion Insurance Carrier		NAIC#
	Mailing Address 1				777.77	ERD: Liquori				NAIC#
	Mailing Address 2				MASUM		<u>.</u>			
	Mailing City			ST ZIP	MISURE	ERF:				
				E NUMBER:				REVISION NUMBER:		
. 6	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE- PERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER.	REME Tain	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF ANY	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	T TO V	VHICH THIS
뺁	TYPE OF BIBURANCE	ADD	SUE!	POLICY NUMBER			A DECY EXP	Likiti		
	GENERAL LIABILITY						J	EACH OCCURRENCE	\$ 1,00	0,000
	X COMMERCIAL GENERAL LIABILITY	1						CAMAGE TO RENTED PREMISES (Ea commission)	\$ 100 ,	,000
	CLAIMS-MADE X OCCUR	١.,	١.,					MED EXP (Any one person)	\$ 5,00	
Α	<u> </u>	×	X	Policy#	ŀ	xocxockxococ	xxxxxxxxxxxx	PERSONAL & ADV INJURY	•	0,000
	<u> </u>	l						GENERAL AGGREGATE	\$ 2,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMPIOP AGG	•	0,000
_	AUTOMOBILE LIABILITY	-	-					COMBINED SINGLE LIMIT (En accident)	\$ \$ 1.00	0.000
	X ANY AUTO					İ			\$ 1,00	0,000
В	ALLOWNED SCHEDULED	х	X X Policy#	ackach.	xxx/xxx/xxxxx	xox/xox/xoxx		;		
	AUTOS AUTOS NON-OWNED AUTOS						_	PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	8	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION	_			—				1	
	AND EXPLOYERS' LIABILITY				ŀ		•	X WESTATE OUT	500 /	
C	ANY PROPREETOR/PARTNEW/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		Policy#	- 1	xxx/xxx/xxxxx	xxx/xxx/xxxxx	E.L. EACH ACCIDENT	\$ 500,0 \$ 500.0	
	If yes, describe under DESCRIPTION OF OPERATIONS below				- 1		ł		\$ 500,0 \$ 500.0	
D	Liquor Liability (if event includes liquor)	x	x	Policy#		xxxxxxxxx	xx/xx/xxxx	EL DISEASE - POLICY LIMIT Each Occurrence Aggregate	\$1,000 \$2,000	0,000
لـــا								- 45-45-0	4-1000	,,,,,,
Eve Auto Auto	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 191, Additional Remerts Schedule, If more space is required) ivent: (Specify Event Name & Date). City of Michigan City, Indiana is an additional insured on a primary and non-contributory basis on the General Liability, automobile Liability, and Liquor Liability (if event includes liquor). Waiver of Subrogation applies in favor of the additional insured on the General Liability, automobile Liability, and Liquor Liability (if event includes liquor). O day prior written notice to the City of Michigan City for cancellation, non-renewal, substituted coverage, or materially amended coverage (except 10 day									
notic	ay phot written notice to the City of Microse for non-payment).			or currentation, non-rene	wai, 800		aye, or mate!	teny amendad coverage (except ;	IO GBY
ER	TIFICATE HOLDER				CANC	ELLATION				
THE						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	100 E. Michigan Blvd.				AUTHORIZED REPRESENTATIVE					
	Michigan City	AUTHORIZED SIGNATURE								

ACORD 25 (2010/05)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
xx/xx/xxxx

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).

	<i>-</i> ,		
PRODUCER		CONTACT Agency Contact	
Insurance Agency Name		PHONE (A/C, No, Ext): Phone FAX (A/C, No): Fax	
Insurance Agency Address1		E-MAIL ADDRESS: Email	
Insurance Agency Address2		INSURER(S) AFFORDING COVERAGE	NAIC#
Insurance Agency City	ST ZIP	INSURER A: General Liability Insurance Carrier	NAIC#
INSURED		INSURER B: Automobile Liability Insurance Carrier	NAIC#
Named Insured		INSURER C: Worker's Compensation Insurance Carrier	NAIC#
Mailing Address 1		INSURER D: Umbrella Liability Insurance Carrier	NAIC#
Mailing Address 2		INSURER E: Contractors Pollution Liability Carrier	NAIC#
Mailing City	ST ZIP	INSURER F:	

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

TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY				xx/xx/xxxx		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
CLAIMS-MADE X OCCUR	.,					() /	\$ 5,000
	X	Х	Policy #		xx/xx/xxxx	PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
POLICY X JECT LOC							\$
AUTOMOBILE LIABILITY				xx/xx/xxxx	xx/xx/xxxx	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
X ANY AUTO		x	Policy #			BODILY INJURY (Per person)	\$
ALL OWNED SCHEDULED AUTOS AUTOS	Х					BODILY INJURY (Per accident)	\$
HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
							\$
X UMBRELLA LIAB X OCCUR	х	х	X Policy #	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE	\$ 4,000,000
						AGGREGATE	\$ 4,000,000
DED RETENTION \$ 10,000							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		Policy #	xx/xx/xxxx	xx/xx/xxxx	E.L. EACH ACCIDENT	\$ 500,000
(Mandatory in NH)		•	Folicy #	70070070000	*********	E.L. DISEASE - EA EMPLOYEE	\$ 500,000
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000
Contractors Pollution Liability (if exposure exists)	х		Policy#	xx/xx/xxxx	xx/xx/xxxx	Each Occurrence Aggregate	\$1,000,000 \$1,000,000
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE DED RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Contractors Pollution Liability (if	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- POLICY X PRO- AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS WORKERS COMPENSATION AND EMPLOYERS: LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Contractors Pollution Liability (if	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- POLICY X JECT LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS LIABILITY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Contractors Pollution Liability (if	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X Policy # GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Contractors Pollution Liability (if X X Policy # Policy # Policy # Policy #	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X X Policy # XX/XX/XXXX GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- POLICY X PRO- LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS WON-OWNED AUTOS X X Policy # XX/XX/XXXX Policy # XX/XX/XXXXX GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR X Policy # XX/XX/XXXX XX/XX/XXXX GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS AUTOS AUTOS AUTOS	GENERAL LIABILITY CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR X X Policy # XX/XX/XXXX XX/XX/XXXX XX/XX/XXXX XX/XX/	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Project: (Specify Project). City of Michigan City is an additional insured on a primary and non-contributory basis on the General Liability, Automobile Liability, Umbrella Liability, and Contractors Pollution Liability (if exposure exists). Waiver of Subrogation applies in favor of the additional insured on the General Liability, Automobile Liability, and Umbrella Liability. Umbrella covers over the underlying General Liability, Automobile Liability, and Employers' Liability.

30 day prior written notice to the City of Michigan City for cancellation, non-renewal, substituted coverage, or materially amended coverage (except 10 day notice for non-payment).

CERTIFICA	TE HOLDER		CANCELLATION
	City of Michigan City		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
City of Michigan City 100 E. Michigan Blvd.			AUTHORIZED REPRESENTATIVE
	Michigan City	IN 46360	AUTHORIZED SIGNATURE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
xx/xx/xxxx

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PRODUCER		CONTACT Agency Contact					
Insurance Agency Name		PHONE (A/C, No, Ext): Phone FAX (A/C, No): Fax					
Insurance Agency Address1		E-MAIL Email					
Insurance Agency Address2		INSURER(S) AFFORDING COVERAGE	NAIC#				
Insurance Agency City	ST ZIP	INSURER A: General Liability Insurance Carrier	NAIC#				
INSURED		INSURER B: Automobile Liability Insurance Carrier	NAIC#				
Named Insured		INSURER C: Worker's Compensation Insurance Carrier	NAIC#				
Mailing Address 1		INSURER D: Liquor Liability Insurance Carrier	NAIC#				
Mailing Address 2		INSURER E :					
Mailing City	ST ZIP	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY			Policy#	xx/xx/xxxx		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
١.	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5,000
A		Х	X			xx/xx/xxxx	PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY PRO- JECT LOC						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		x	Policy #	xx/xx/xxxx	xx/xx/xxxx	BODILY INJURY (Per person)	\$
В	ALL OWNED SCHEDULED AUTOS	X					BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- OTH- TORY LIMITS ER	
l c	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		Policy#	xx/xx/xxxx	xx/xx/xxxx	E.L. EACH ACCIDENT	\$ 500,000
Ĭ	(Mandatory in NH)		4	. 3.0,	MANAMA	AN AM AMA	E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000
D	Liquor Liability (if event includes liquor)	х	x	Policy#	xx/xx/xxxx	xx/xx/xxxx	Each Occurrence Aggregate	\$1,000,000 \$2,000,000
⊢		1						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Event: (Specify Event Name & Date). City of Michigan City, Indiana is an additional insured on a primary and non-contributory basis on the General Liability, Automobile Liability, and Liquor Liability (if event includes liquor). Waiver of Subrogation applies in favor of the additional insured on the General Liability, Automobile Liability, and Liquor Liability (if event includes liquor).

30 day prior written notice to the City of Michigan City for cancellation, non-renewal, substituted coverage, or materially amended coverage (except 10 day notice for non-payment).

CERTIFICATE	HOLDER		CANCELLATION
	City of Michigan City, Indiana		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	00 E. Michigan Blvd.		AUTHORIZED REPRESENTATIVE
1	Aichigan City	IN 46360	AUTHORIZED SIGNATURE

ACORD 25 (2010/05)

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