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

ACORD

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).

PRODUCER	CONTACT NAME: 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	
Insurance Agency City ST ZIP	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Named Insured	INSURER A: General Liability Insurance Carrier	NAIC#
Mailing Address 1	INSURER B: Automobile Liability Insurance Carrier	NAIC#
Mailing Address 2	INSURER C: Worker's Compensation Insurance Carrier	NAIC#
Mailing City ST ZIP	INSURER D: Liquor Liability Insurance Carrier	NAIC#
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC	X	X	Policy #	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS	X	X	Policy #	xx/xx/xxxx	xx/xx/xxxx	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $ $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N ☐ If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		Policy #	xx/xx/xxxx	xx/xx/xxxx	☒ WC STATU-TORY LIMITS ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
D	Liquor Liability (if event includes liquor)	X	X	Policy #	xx/xx/xxxx	xx/xx/xxxx	Each Occurrence Aggregate	$1,000,000 $2,000,000

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

City of Michigan City, Indiana
100 E. Michigan Blvd.
Michigan City IN 46360

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

AUTHORIZED SIGNATURE

CERTIFICATE OF LIABILITY INSURANCE

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

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

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.

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Michigan City IN 46360

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	[ ] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
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