

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



**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).**

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Agency Contact	
Insurance Agency Name		<b>PHONE (A/C, No, Ext):</b> Phone	<b>FAX (A/C, No):</b> Fax
Insurance Agency Address1		<b>E-MAIL ADDRESS:</b> Email	
Insurance Agency Address2			
Insurance Agency City ST ZIP		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> General Liability Insurance Carrier	NAIC#
		<b>INSURER B:</b> Automobile Liability Insurance Carrier	NAIC#
		<b>INSURER C:</b> Worker's Compensation Insurance Carrier	NAIC#
		<b>INSURER D:</b> Liquor Liability Insurance Carrier	NAIC#
		<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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			Policy #	xx/xx/xxxx	xx/xx/xxxx	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	X				MED EXP (Any one person) \$ 5,000
B	<b>AUTOMOBILE LIABILITY</b>						
	<input checked="" type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS	X	X	Policy #	xx/xx/xxxx	xx/xx/xxxx	BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N	Policy #	xx/xx/xxxx	xx/xx/xxxx	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
D	Liquor Liability (if event includes liquor)	X	X	Policy #	xx/xx/xxxx	xx/xx/xxxx	E.L. DISEASE - POLICY LIMIT \$ 500,000
							Each Occurrence \$1,000,000 Aggregate \$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).

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
City of Michigan City, Indiana 100 E. Michigan Blvd. Michigan City IN 46360	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