

# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

Producer

**PRODUCTION COMPANY'S  
INSURANCE BROKER**

THIS CERTIFICATE IS ISSUED AS MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

### COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A**

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

Insured

**PRODUCTION COMPANY NAME &  
ADDRESS**

### COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b>	GL-1000-000-00			<b>GENERAL AGGREGATE</b> <b>\$1,000,000</b>
	<input type="checkbox"/> COMPREHENSIVE FORM				<b>PRODUCTS-COMP/OP AGG.</b> <b>\$1,000,000</b>
	<input type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND				<b>PERSONAL &amp; ADV. INJURY</b> <b>\$1,000,000</b>
	<input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS CONTRACTUAL				<b>EACH OCCURRENCE</b> <b>\$1,000,000</b>
	<input type="checkbox"/> INDEPENDENT CONTRACTORS				<b>FIRE DAMAGE (ANY ONE FIRE)</b> <b>\$</b>
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE				<b>MED. EXP. (Any one person)</b> <b>\$</b>
	<input type="checkbox"/> PERSONAL INJURY				
<b>A</b>	<b>AUTOMOBILE LIABILITY</b>	AL-1000-000-00			<b>COMBINED SINGLE LIMIT</b> <b>\$1,000,000</b>
	<input type="checkbox"/> ANY AUTO				<b>BODILY INJURY (Per person)</b> <b>\$</b>
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS)				<b>BODILY INJURY (Per accident)</b> <b>\$</b>
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS) <input type="checkbox"/> HIRED AUTOS				<b>PROPERTY DAMAGE</b> <b>\$</b>
	<input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				
<b>A</b>	<b>EXCESS LIABILITY</b>				<b>EACH OCCURRENCE</b> <b>\$</b>
	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				<b>AGGREGATE</b> <b>\$</b>
<b>B</b>	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC-EL-000-00			<b>STATUTORY LIMITS</b>
					<b>EACH ACCIDENT DISEASE-POLICY LIMIT</b> <b>\$</b> <b>DISEASE-EACH EMPLOYEE</b>
	<b>OTHER</b>				

SAMPLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

City of Chicago named as additional insured as their interests may appear

City of Chicago  
121 North LaSalle Street

City of Chicago logo

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

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AUTHORIZED REPRESENTATIVE