



SPECIAL EVENT - SAMPLE CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 <i>This block identifies the Agent or Broker.</i>	CONTACT NAME:	Broker information	FAX (A/C, No):	
	PHONE (A/C, No, Ext):			
INSURED <i>The event host/contractor must be listed or appropriate sponsoring agency</i>	E-MAIL ADDRESS:	INSURER(S) AFFORDING COVERAGE		
		NAIC #		
		INSURER A:	<i>The insurer will be identified in this area, with the appropriate insurer letter (A,B,C, etc..) appearing in INSR LTR section in the far left margin</i>	
		INSURER B:		
		INSURER C:		
		INSURER D:		
	INSURER E:			
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	X	X				EACH OCCURRENCE \$ 2,000,000
X	COMMERCIAL GENERAL LIABILITY				<i>Check policy term NOTE: it should cover event dates</i>		DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						MED EXP (Any one person) \$
	<i>NOTE: Liquor Liability may be included w/CGL. Must be indicated and will per occurrence limit to \$3,000,000</i>						
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$
X	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>						GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$
							\$
	AUTOMOBILE LIABILITY	X					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
X	ANY AUTO				<i>Automobile Liability required if utilizing vehicles employing staff utilizing their person vehicle to provide event</i>		BODILY INJURY (Per person) \$
	ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>						BODILY INJURY (Per accident) \$
X	HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR				<i>May be used in addition to CGL limits to satisfy required occurrence limits. NOTE: Be sure the policy number is listed and effective dates include the event dates</i>		EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X				X WC STATUTORY LIMITS <input type="checkbox"/> OTHER Statutory
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> <i>Y/N</i>			N/A	<i>Based on Arizona Revised Statute-required if you have more than one employee</i>		E.L. EACH ACCIDENT \$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA \$1,000,000
							E.L. DISEASE - POLICY LIMIT \$1,000,000
	<i>Additional Coverages will be listed here</i>						

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

The City of Tucson and its appointed and elected officials, directors, officers, employees and volunteers are endorsed under General Liability and auto as Additional Insured. For (insert event name) on (insert event dates)

This section may also include language on the following:

- 1) Additional Insured
- 2) Waiver of Subrogation
- 3) Liquor Liability

ENDORSEMENTS REQUIRED FOR ADDITIONAL INSURED AND WAIVER OF SUBROGATION

CERTIFICATE HOLDER

City of Tucson
P.O. Box 27210
Tucson, AZ 85726-7210

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

SIGNATURE REQUIRED - NO TYPED SIGNATURE

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 24 05 09

Look for policy Number

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) or Organization(s)
<div data-bbox="764 894 1281 978" data-label="Text"><p>This cannot be left blank. It must have our name or the "as required by contract or agreement" language</p></div>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of ongoing operations; or
- B. In connection with your premises owned by or rented by you.

WAIVER OF **TRANSFER OF RIGHTS OF RECOVERY** AGAINST OTHER TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:	This cannot be left blank. It must have our name or the "as required by contract or agreement" language
Information required to complete this Schedule, if not shown above, will be shown in the Declarations	

The following is added to Paragraph 8. **Transfer of Rights of Recovery Against Others To Us of Section IV – Conditions**

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazards". This waiver applies only to the person or organization shown in the Schedule above.

The important language is highlighted.