

City and County of Denver Arts & Venues Contractor Sample Certificate of Insurance

Contractors, please provide this sample certificate to your insurance agent or broker
Certificates must mirror this sample

Note the Additional Insured special instructions below

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)
CURRENT DATE

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 Insurance Broker Name & Address	CONTACT NAME PHONE (A/C, No, Ext) E-MAIL ADDRESS INSURER(S) AFFORDING COVERAGE NAIC #	FAX (A/C, No)
INSURED Contractor's Legal Name and Address	INSURER A: 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.

LINE	TYPE OF INSURANCE	ADDL. SUBR. (INSR. WVD)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
1	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		<i>Must list Policy No.</i>	<i>Start Date</i>	<i>End Date</i>	\$ 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						\$ 1,000,000 MED EXP (Any one person)
						\$ 1,000,000 PERSONAL & ADV INJURY
						\$ 2,000,000 GENERAL AGGREGATE
						\$ 2,000,000 PERSONAL & ADV INJURY
2	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRING AUTOS SCHEDULED AUTOS NON-OWNED AUTOS					\$ 1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
						\$ PROPERTY DAMAGE (Per accident)
						\$ PROPERTY DAMAGE (Per accident)
3	UMBRELLA LIAB EXCESS LIAB DED. RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$
4	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPERTY OR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NV) If yes, describe under DESCRIPTION OF OPERATIONS below					WEST. STATE (Other) LIMITS E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	Cyber Liability, Information Security, Privacy Liability, Network Security, Cyber Security, Liquor Liability		XX123456	1/1/18	1/1/19	\$1,000,000 occurrence/aggregate

If User does not maintain business auto liability, User shall provide proof of personal liability automobile insurance with minimum limits (\$100,000 bodily injury per person; \$300,000 bodily injury per accident; \$50,000 property damages for all vehicles used).

If User is exempt from carrying Worker's Comp/ Employer's Liability insurance, the User shall deliver to the City a copy of the Rejection of Coverage letter submitted with the State of Colorado Worker's Compensation.

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

Contract Name/Number

As required by written contract, the City and County of Denver, its Elected and Appointed Officials, Employees and Volunteers are included as Additional Insured as respects the Commercial General Liability and Business Auto.

CERTIFICATE HOLDER City and County of Denver Denver Arts & Venues 1345 Champa Street Denver, CO 80204	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
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Contractor's Legal Name →
(Must match the contracting entity)

Types of insurance required in contract →

If other insurance (Cyber Liability, Professional Liability, for example) is required, please list it here →

Only project/contract info and additional insured in this box* →

Verify correct address & contact information →

Policy limits must be same or greater than required in the contract →

Policy start date must be prior to effective date of the contract →

***The 'description' box must only contain project/contract detail such as the contract name and number and "As required by written contract, the City and County of Denver, its Elected and Appointed Officials, Employees and Volunteers are included as Additional Insured" with regards to the appropriate policies ONLY.**

QUALIFYING LANGUAGE SUCH AS "SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY" and "IF REQUIRED PER WRITTEN CONTRACT" CANNOT BE ADDED.

DO NOT ATTACH ADDITIONAL INSURED ENDORSEMENTS OR POLICIES

If any additional language is added to this section, the certificate will be rejected. If the requirements cannot be complied with, we reserve the option to move on to another contractor

SAMPLE CERTIFICATE

SAMPLE CERTIFICATE OF LIABILITY INSURANCE		PAGE 1 DATE (MM/DD/YYYY)
PRODUCER Your Broker Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A 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.	
INSURERS AFFORDING COVERAGE		
INSURED Contractor's Legal Name Address City, State, Zip	INSURER A: ABC INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E:	

COVERAGES

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY	Policy Number	(MM/DD/YY)	(MM/DD/YY)	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
	GENERAL AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POL-ICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS – COMP/OP AGG	\$ 2,000,000
A	AUTOMOBILE LIABILITY	Policy Number	(MM/DD/YY)	(MM/DD/YY)	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON-OWNED AUTOS						
					AUTO ONLY – EA ACCIDENT	\$
					OTHER THAN AUTO ONLY	\$
					EA ACCIDENT	\$
					AGGREGATE	\$
A	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					
	<input type="checkbox"/> RETENTION					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Policy Number	(MM/DD/YY)	(MM/DD/YY)	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	\$ 100,000
	<input type="checkbox"/> OTHER				\$ 500,000	
	E.L. EACH ACCIDENT				\$ 100,000	
	E.L. DISEASE – EA EMPLOYEE				\$ 500,000	
	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL				E.L. DISEASE – POLICY LIMIT	\$ 500,000
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE					
	OTHER					



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Contract Name and Number

As required by written contract, the Cit and County of Denver, its Elected and Appointed Officials, Employees and Volunteers are included as Additional Insured as respects the Commercial General Liability and Business Auto.

CERTIFICATE HOLDER	CANCELLATION
City and County of Denver Denver Arts & Venues 1345 Champa Street Denver, CO 80204	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.
	AUTHORIZED REPRESENTATIVE SIGNATURE