ACORD® CERTIFICATE OF LIABILITY INSURANCE

A

DATE (MM/DD/YYYY)
12/28/2016

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 have ADDITIONAL INSURED provisions or 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:	
Your Insurance Broker Here **B** Fort Wayne IN 46804	PHONE (A/C, No, Ext): 260-969-5203	FAX (A/C, No): 260-969-4729
	E-MAIL ADDRESS:	

	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	Greenwich Insurance Company	22322

INSURED	
Permit Holder Name and Address **C** 100 Main Street, Cincinnati, Ohio Cincinnati OH 45202	INSURER B : INSURER C : **D** INSURER D : INSURER E : INSURER F :

COVERAGES   **CERTIFICATE NUMBER:** 1001370647   **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR **J** GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC **K** [X] OTHER: EVENT	Y	Y	ASG089667402	10/09/2016	10/09/2017	EACH OCCURRENCE	$ 1,000,000 **H**
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ Excluded
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 5,000,000 **I**
							PRODUCTS - COMP/OP AGG	$ 5,000,000
								$
A	AUTOMOBILE LIABILITY **M** [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	Y	Y	ASA089667602	10/09/2016	10/09/2017	COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							NON-OWNED/HIRED LIAB	$ 1,000,000 **L**
A	[X] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $	Y	Y	ASX089667702	10/09/2016	10/09/2017	EACH OCCURRENCE	$ 10,000,000
							AGGREGATE	$ 10,000,000
							PROD-COMP WK HAZ AGG	$ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTHER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Liquor Liability	Y	Y	ASB003362141	10/09/2016	10/09/2017	EACH OCCURRENCE	$ 1,000,000 **N**
							AGGREGATE	$ 1,000,000

E   **F**   **G**

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
- The Certificate Holder shall be an Additional Insured, but only with respect to the operations of the Named Insured, and subject to the provisions and limitations of Form GXAL 431 Additional Insured - Designated Person or Organization Written Contract or Written Agreement, but only with respect to

Event Name and Date(s) **O**

CERTIFICATE HOLDER	CANCELLATION
CITY OF CINCINNATI **P** 801 PLUM STREET CINCINNATI OH 45202	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 *Drew* **Q**

ACORD 25 (2016/03)   The ACORD name and logo are registered marks of ACORD

CERTIFICATE OF LIABILITY INSURANCE

Please review the template COI with the explanations below to make sure you understand all insurance requirements that are being asked of you for your event. Your Special Event Permit cannot be approved until your COI meets the specified requirements.

A	"A" is the date the COI is issued. This must be prior to or during the policy effective period specified in "G"	☐
B	"B" lists the name and address of the insurance broker or insurance company issuing the COI. This corresponds with the "authorized representative" whose signature appears in "N"	☐
C	"C" is the name and address of the insured. The "insured" MUST be the same as the name of the applicant on the Special Event Permit.	☐
D	"D" lists the insurance company(ies) that have or will issue the various policies being provided. The insurance companies listed in "D" must correspond with those indicated in "E" as well as the policy numbers identified.	☐
E	"E" matches the insurance companies providing the various lines of coverage, with those identified in "D". There could be one company listed, and they would all be marked A. Or there could be a different company for each line of coverage.	☐
F	"F" shows where each policy names the certificate holder identified in "P" as an additional insured (1st column) and as having a waiver of subrogation in its favor (2nd column). These columns must both be checked with a "Y" (yes) for any commercial general liability, aggregate liability, umbrella liability, auto liability, or liquor liability. This will NOT apply to Workers' Comp.	☐
G	"G" indicated the effective date and expiration date of each policy. The date of the event MUST be included within the effective period of the policy or your permit cannot be approved.	☐
H	"H" indicates the limits for commercial general liability coverage for each occurrence under the policy. For most events, the general liability coverage must be at least $1M per occurrence (for parade permits it is $500K).	☐
I	"I" indicates the general aggregate limit of the general liability policy. For most events, the general liability aggregate must be at least $2M (for parades it is $500K).	☐
J	"J" indicates the policy reaction to a general liability claim. The box for "Commercial General Liability" should always be checked. And the box for "occur" (which means policy applies per occurrence) should always be checked. The City of Cincinnati will not accept claims-made policies.	☐
K	"K" indicates how the aggregate limits of the policy apply to a claim. The City of Cincinnati will only accept aggregate limits for a special event on a "per event" policy basis. This can be accomplished two ways: 1) Applicants can check "other:" and write in "event", or 2) The Policy can be written just for the special event, which means the policies effective dates would begin and end	☐

	with the event. The City will not accept the aggregate limit on a "policy" basis unless an umbrella policy is included, which provides a minimum of an additional $1M in coverage per event. The City will not accept the aggregate limit on a "policy" basis for multiple events except in very limited circumstances where the GL and the Umbrella being provided exceed $10M.	
L	"L" indicates the automobile liability limits. If your event will have any vehicles participating within the event, or the event area, you must provide at least $1M in auto liability coverage. The type of coverage (specified within the green box under "M") will vary depending on the nature of the autos being utilized.	☐
M	"M" indicates how the auto policy applies. The city requests that the "any auto" box be checked. In limited circumstances the city will allow for other boxes to be checked depending on the specifics of the event.	☐
N	"N" indicates the amount of liquor liability coverage for any event having liquor. Liquor liability is required to be at least $1M per occurrence, per event and $1M aggregate per event. Host Liquor Liability is not acceptable. The general liability limit (even if general liability includes liquor) is calculated separately from the liquor liability. If you are providing liquor within your general liability coverage, your general liability coverage must specifically state that liquor is included and the GL limit and aggregate limits must be increase by at least $1M each.	☐
O	"O" is a space provided for description (Event Name and Date) and limitations regarding the event. This is also where a broker may choose to indicate that the "certificate holder shall be an additional insured" or that a "waiver of subrogation is provided in favor of the certificate holder." If the insurance broker chooses to state this is the description section rather than using the checkboxes in "F" then the description must also state for which policies the additional insured and waiver of subrogation applies. Simply stating it is not sufficient. (ie, the certificate holder shall be an additional insured and a waiver of subrogation applied in its favor for the general liability policy, the umbrella policy, the auto policy and the liquor liability policy.)	☐
P	"P" indicates the Certificate Holder – which should ALWAYS be "City of Cincinnati"	☐
Q	"Q" is the signature of the authorized representative from the brokerage company or insurance company indicated in "B". The COI must be signed in order to be valid.	☐