

CERTIFICATE OF LIABILITY INSURANCE						DATE MM/DD/YY				
PRODUCER			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.							
Name & Address of Insurance Agency										
INSURED			INSURERS AFFORDING COVERAGE							
Name & Address of the insured			INSURER A: Name of Insurance Carrier with a "Best Rating" of an A or better							
			INSURER B:							
			INSURER C:							
			INSURER D:							
COVERAGES										
INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS				
	GENERAL LIABILITY		Policy Number	Policy	Period	Each Occurrence	\$ 1,000,000			
	X	COMMERCIAL GENERAL LIABILITY				Fire Damage	\$ 100,000			
		CLAIMS MADE				OCCUR	Medical Expense	\$ 5,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					Personal & Adv Injury	\$ 1,000,000			
		POLICY				PROJECT	LOC	General Aggregate	\$ 2,000,000	
	OTHER					Products-Comp/Op Agg		\$ 1,000,000	<div style="border: 1px solid red; padding: 5px; display: inline-block;">Required Limits</div>	
	Host Liquor Liability at specific location (if applicable)									
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS										
The following is included as an additional insured: City of Hillsboro, Its elected and Appointed Officials, Officers, Agents, Employees, and Volunteers. Must list City as Additional Insured with Endorsement.										
CERTIFICATE HOLDER				CANCELLATION						
City of Hillsboro 150 East Main St. Hillsboro, OR 97123				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.						
				AUTHORIZED REPRESENTATIVE Signature Required						

Required

Note: Continue to second page for additionally insured document example.

POLICY NUMBER: _____

COMMERCIAL GENERAL LIABILITY

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

Required

SCHEDULE

Name of Additional Insured Person(s) Or Organization(s)	
City of Hillsboro	
Event Location:	
Event Date: _____	Event Name: _____
City of Hillsboro, 150 East Main Street, Hillsboro, OR 97123	
Additional Insured: The City of Hillsboro and its officers, agents, volunteers, employees, and its elected officials.	
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 part, by your acts or omissions or the acts or omissions of those acting on your behalf:

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