



## INSURANCE REQUIREMENTS

The following **requirements** for **ACORD**<sup>®</sup> forms (see **ACORD**<sup>®</sup> form example), Insurance Certificates, or binding endorsements pertain to activities, such as, but not limited to:

- Caterers preparing food on site or staying during the event
  - Providers of inflated rides, dunk tanks, etc.
  - Walk-a-thons or race events, etc.
1. An **ACORD**<sup>®</sup> form, certificate of insurance, or binding endorsement must indicate full liability coverage of not less than **1,000,000 per occurrence** and combined aggregate with the City of Rochester Hills named as also insured.
  2. The “**Description of Operation/Locations...**” section **must contain the following:**
    - **Additional Insureds: City of Rochester Hills, all elected and appointed officials, all employees and volunteers, all Boards, Commissions and/or authorities and Board members, including employees and volunteers thereof. This coverage shall be primary to the Additional Insureds, and not contributing with any other insurance or similar protection available to the Additional Insureds, whether other available coverage be primary, contributing, or excess.**
  3. The “**Certificate Holder**” section **must contain the following:**
    - **City of Rochester Hills  
1000 Rochester Hills Dr.  
Rochester Hills, MI 48309-3033**
    - *Please include: Event date, Shelter name, and group name.*
  4. The **ACORD**<sup>®</sup> form, certificate or binding endorsement **must be sent directly from the insurance company to:**
    - City of Rochester Hills  
Parks & Forestry Dept. - Shelter Reservations  
1000 Rochester Hills Dr.  
Rochester Hills, MI 48309-3033

**Your compliance with these requirements will avoid unnecessary delays.**

This information is also available on the City’s website. [www.rochesterhills.org/shelters](http://www.rochesterhills.org/shelters). For further questions, please contact the Parks & Forestry Department at:

Phone: 248.656.4673  
Fax: 248.841.2576  
Email: [parks@rochesterhills.org](mailto:parks@rochesterhills.org)



# 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 <b>ABC INSURANCE COMPANY 123 MAIN STREET ANYTOWN, ANYSTATE</b>	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
	PRODUCER CUSTOMER ID #:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED <b>VENDOR FOR: INFLATABLE RIDE, CATERING COMPANY, RACE EVENT OR WALK-A-THON, etc 456 MAIN STREET ANYTOWN, ANYSTATE</b>	INSURER A: <b>MAJOR INSURANCE AGENCY</b>		
	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	
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$ <b>1,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DEDUCTIBLE RETENTION \$						EACH OCCURRENCE	\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

**EXAMPLE**

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**Additional insureds: City of Rochester Hills, all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and board members, including employees and volunteers thereof. This coverage shall be primary to the Additional Insureds, and not contributing with any other insurance or similar protection available to the Additional Insureds, whether other available coverage be primary, contributing, or excess.**

CERTIFICATE HOLDER <b>CITY OF ROCHESTER HILLS 1000 ROCHESTER HILLS DR. ROCHESTER HILLS, MI 48309-3033</b>  EVENT DATE: MM/DD/YY SHELTER NAME: _____ GROUP NAME: _____	CANCELLATION <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	AUTHORIZED REPRESENTATIVE <b>SIGNATURE OF AUTHORIZED REPRESENTATIVE</b>