

SAMPLE Certificate of Liability Insurance (COI)

Insurance is required for Special Use Permits and all Contractual Vendors

Please see sample certificate below and must have the following noted:

1. Type of insurance must be "Commerical General Liability."
2. Amount of coverage per occurrence must be \$1,000,000 and General Aggregate of \$2,000,000 required.
3. Tinley Park-Park District must be listed **specifically** as "Additional Insured."
4. Address to be used on insurance should reflect our Main Office at 8125 W. 171st St., Tinley Park, IL 60477
5. Certificates of Insurance must be received at Park District Main Office at least 14 days prior to scheduled event.

ACORD TM		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.					
		INSURERS AFFORDING COVERAGE				NAIC #	
		Insurer A					
INSURED		Insurer B					
		Insurer C					
		Insurer D					
COVERAGES							
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 AGGREGATE. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
Insr Ltr	Addl Insurd	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
1		GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR Gen'l Aggregate Limit Applies Per Policy Project Loc				Each Occurrence Damage to rented Premises (Ea occurrence) Med Exp (any one person) Personal & Adv Injury General Aggregate Products - Comp/Op Aggregate	\$1,000,000 \$ \$ \$ \$2,000,000 \$
		AUTOMOBILE LIABILITY <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 <input type="checkbox"/>				COMBINED SINGLE LIMIT (Each accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$ \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Claims Made <input type="checkbox"/> Deductible \$ <input type="checkbox"/> Retention \$				EACH OCCURRENCE AGGREGATE	\$ \$ \$
		Workers Compensation and Employers' Liability ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - Each Employee E.L. DISEASE - Policy Limit	\$ \$ \$ \$
		OTHER					\$
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS							
3 → Tinley Park-Park District is named additional insured							
CERTIFICATE HOLDER				CANCELLATION			
4 → Tinley Park-Park District 8125 W. 171st St. Tinley Park, IL 60477				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL ___ 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			
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