

SAMPLE Certificate of Liability Insurance (COI)

ACORD® **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 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 NAME: PHONE (A/C No. Ext): E-MAIL: ADDRESS:	FAX (A/C No.): INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
---	---

INSURED
5. Insurance must be in permit holder's business name or DBA. Business address on permit application must match COI.

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.

INSTR	TYPE OF INSURANCE	ACORD UBR#	INS	WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$
	CLAIMS-MADE							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
								MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADJ INJURY \$
	POLICY							GENERAL AGGREGATE \$
	OTHER:							PRODUCTS - COMP OF AGG \$
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO							BODILY INJURY (Per person) \$
	OWNED							BODILY INJURY (Per accident) \$
	AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$
	HIRED							
	AUTOS ONLY							
	UMBRELLA LIAB							EACH OCCURRENCE \$
	EXCESS LIAB							AGGREGATE \$
	DED							
	RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$
								E.L. DISEASE - POLICY LIMIT \$

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

3. Name the Lake County Forest Preserve as additionally insured.

CERTIFICATE HOLDER 4. Name the Lake County Forest Preserve as the certificate holder at our General Office: 1899 W Winchester Rd Libertyville, IL 60048.	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
---	---

2. Minimum \$1,000,000.00 general liability.

1. Highlighted portions must be filled.

6. Workers Compensation with Statutory Requirements must be marked.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

© 1988-2015 ACORD CORPORATION. All rights reserved.

Please see sample above. Please send us your COI at least 10 business days before your event.
Check to see if the following is noted on your COI:

1. Highlighted portions filled out.
2. Minimum \$1,000,000.00 general liability insurance coverage.
3. Naming the Lake County Forest Preserve as additionally insured.
4. Naming the Lake County Forest Preserve as the certificate holder at our general office address:
 - a. 1899 W Winchester Rd
Libertyville, IL 60048.
5. Insurance must be in the permit holder's business name or a DBA.
Business address on permit application must match COI.
6. Worker's Compensation with Statutory Requirements.