

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"	<input type="checkbox"/>
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 must appear in "N"	<input type="checkbox"/>
C	"C" is the name and address of the insured. The "insured" MUST be the same as the name and address of the applicant on the Special Event Permit.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
F	"F" shows where each policy names the certificate holder identified in "P" as an additional insured (1 st column) and as having a waiver of subrogation in its favor (2 nd column). These columns must both be checked with a "Y" (yes) for any commercial general liability, umbrella liability, auto liability, or liquor liability. This does NOT apply to Workers' Comp.	<input type="checkbox"/>
G	"G" indicates 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.	<input type="checkbox"/>
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).	<input type="checkbox"/>
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).	<input type="checkbox"/>
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.	<input type="checkbox"/>
K	"K" indicates how the aggregate limits of the policy apply to a claim. The City of Cincinnati requests that aggregate limits for a special event be on a "per event," "per project," or "per location" policy basis. This can be accomplished by checking the appropriate box, or checking "other" and writing in "event" (as shown), or the policy can be written just for the special event, which means	<input type="checkbox"/>

	<p>the policy’s effective dates would begin and end the same days as the event.</p> <p>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 a series of multiple events except in very limited circumstances. Typically, these events can be accommodated by providing an Umbrella policy of at least \$10M.</p> <p>For recurring events, if the event producer is unable to provide more than \$1M in coverage where an umbrella policy is required, they may use a \$1M umbrella policy per event with a No Loss Letter provided by the insurance company before the next event.</p>	
L	<p>“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.</p>	
M	<p>“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.</p>	
N	<p>“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. 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.</p>	
O	<p>“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. Stating it alone is not sufficient if more than one type of policy is required. (i.e., 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	<p>“P” indicates the Certificate Holder – which should ALWAYS be “City of Cincinnati”</p>	
Q	<p>“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.</p>	



CERTIFICATE OF LIABILITY INSURANCE

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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 Your Insurance Broker Here B Fort Wayne IN 46804		CONTACT NAME: PHONE (A/C, No, Ext): 260-969-5203 FAX (A/C, No): 260-969-4729 E-MAIL ADDRESS:
INSURED Permit Holder Name and Address C 100 Main Street, Cincinnati, Ohio Cincinnati OH 45202		INSURER(S) AFFORDING COVERAGE INSURER A: Greenwich Insurance Company NAIC # 22322 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	ADOL	SUBR	INSD	WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR J GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRD. SUCT <input type="checkbox"/> LOC K <input checked="" type="checkbox"/> OTHER EVENT F	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 <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED 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/HIRER LIAB \$ 1,000,000 L
E	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEF. 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
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> 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 AGGRI GATE \$ 1,000,000

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 CITY OF CINCINNATI P 501 PLUM STREET CINCINNATI OH 45202	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 <i>Drew</i> Q
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