



LODI DISTRICT CHAMBER OF COMMERCE

35 S. School Street, Lodi, CA. 905242

(209) 367-7840

Please use the below as a sample or guide as to the insurance requirements necessary to participate in the Lodi District Chamber of Commerce event (Farmers Market, Street Faire, etcetera).

DATE (MMDDYYYY)
8/9/2012 ← Current Date

CERTIFICATE OF LIABILITY INSURANCE

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 ←	CONTACT NAME: _____ PHONE: _____ FAX: _____ E-MAIL: _____ ADDRESS: _____ INSURER(S) AFFORDING COVERAGE: _____ NAIC #: _____ INSURER A: ABC Ins Co INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
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← Insurance Company Information

← Vendor or Insured Person/Company

COVERAGES **CERTIFICATE NUMBER:** 12/13 Master **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.

TYPE OF INSURANCE	ADDL. SUBR. (INS. LIND)	POLICY NUMBER	POLICY EFF. DATE (MMDDYYYY)	POLICY EXP. DATE (MMDDYYYY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> FOC <input type="checkbox"/> SFC <input type="checkbox"/> LOC 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"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB (DED. RETENTION \$) _____ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/EMBER/INCLUDED? (Mandatory in NH) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		A1234	8/16/2012	8/16/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (PER OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (AGGREGATE) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ Uninsured motorist combined \$ _____ EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ WC STATE-TOTL LIMITS \$ _____ OTHER \$ _____ E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____
A Rented/Leased Equipment		A1234	8/16/2012	08/16/2013	Limit: 50,000 ded: 500 example limit and ded.

← Each Occurrence = \$1,000,000
← Damage to Rented = \$100,000
← Med Exp = \$5,000
← Personal & Adv Inj = \$1,000,000
← General Aggregate = \$3,000,000
← Products-Comp/Op Agg = \$2,000,000
← Combined Single Limit = \$1,000,000
← Policy Expiration Date
← Policy Effective Date
← Policy Number

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule, if more space is required)

Certificate Holder is named as additional insured in regards to the general liability.
 Also describe event (i.e. Lodi Farmers Market, Lodi Street Faire, etcetera) and the date(s) of the event(s). ← Description of Operation = **Bold Lettering must be exact.** Then add addition information as described.

CERTIFICATE HOLDER ←	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 _____ ← Insurance Company Representative's Signature
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← Lodi District Chamber of Commerce
35 S. School Street
Lodi, CA. 95242

If you have any questions please contact, Karen Cannon at the Lodi District Chamber of Commerce.