# ACORD®
# CERTIFICATE OF LIABILITY INSURANCE

**DATE (MM/DD/YYYY)**
Month/Date/Year

**PRODUCER**

Insurnce Agent/Broker Name
Insurnce Agent/Broker Street Address or P.O. Box
Insurnce Agent/Broker City, State & Zip Code
Contact & Phone Number

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: | Name of Insurance Company | Enter NAIC# |
| INSURER B: | Name of Insurance Company (if applicable) | Enter NAIC# |
| INSURER C: | Name of Insurance Company (if applicable) | Enter NAIC# |
| INSURER D: | Name of Insurance Company (if applicable) | Enter NAIC# |
| INSURER E: | Name of Insurance Company (if applicable) | Enter NAIC# |

**INSURED**

Vendor Name / Vendor DBA Name
Vendor Street Address or P.O. Box
Vendor City, State & Zip Code

## 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 | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|---|---|---|---|---|---|---|---|
| | ☒ | **GENERAL LIABILITY** ☐ COMMERICAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR ☐ ☐ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC | Enter Policy # | Enter Effective Date | Enter Expiration Date | EACH OCCURENCE | $ |
| | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | | | | | | MED EXP (Any one person) | $ |
| | | | | | | PERSONAL & ADV INJURY | $ |
| | | | | | | GENERAL AGGREGATE | $ |
| | | | | | | PRODUCTS - COMP/OP AGG | $ |
| | | | | | | | $ |
| | ☐ | **AUTOMOBILE LIABILITY** ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS ☐ ☐ | | | | COMBINED SINGLE LIMIT (Each Occurrence) | $ |
| | | | | | | BODILY INJURY (Per person) | $ |
| | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | ☐ | **GARAGE LIABILITY** ☐ ANY AUTO ☐ | | | | AUTO ONLY - EA ACCIDENT | $ |
| | | | | | | OTHER THAN AUTO ONLY: EA ACC | $ |
| | | | | | | AGG | $ |
| | ☐ | **EXCESS/UMBRELLA LIABILITY** ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION $_____ | | | | EACH OCCURRENCE | $ |
| | | | | | | AGGREGATE | $ |
| | | | | | | | $ |
| | | | | | | | $ |
| | | | | | | | $ |
| | ☒ | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECU- TIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | Enter Policy # | Enter Effective Date | Enter Expiration Date | ☐ WC STATU- TORY LIMITS ☐ OTH- ER | |
| | | | | | | E.L. EACH ACCIDENT | $ |
| | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| | ☒ | **OTHER** Liquor Liability | Enter Policy # | Enter Effective Date | Enter Expiration Date | | |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

LIQUOR LIABILITY POLICY SHOULD COVER THE ENTIRE LICENSE PERIOD (01/01/YYYY TO 12/31/YYYY). IF NOT, "CONTINUOUS UNTIL CANCELLED" NEEDS TO BE INCLUDED IN THIS AREA.

IF THE ADDRESS OF THE INSURED IS DIFFERENT THAN THE MAPLEWOOD ESTABLISHMENT ADDRESS – INCLUDE THE ESTABLISHMENT ADDRESS IN THIS AREA.

**CERTIFICATE HOLDER**

CITY OF MAPLEWOOD
1830 COUNTY ROAD B E
MAPLEWOOD MN 55109

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROISIONS.

**AUTHORIZED REPRESENTATIVE**

ACORD 25 (2001/08)

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